

# Meeting Report

## Population, Health and Nutrition (PHN) Center Communication Meeting

A One-Day Consultation Meeting on Communication in  
the Population, Health and Nutrition Sector  
For U.S. Agency for International Development (USAID)  
Staff and External USAID Partners

December 14, 2000

POPTECH Assignment Number 2000-08-01

Dina Towbin, POPTECH Consultant  
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# **Population, Health and Nutrition (PHN) Center Communication Meeting**

## **Executive Summary**

On December 14, 2000, the United States Agency for International Development (USAID) Center for Population, Health, and Nutrition (PHN) hosted an all-day meeting with representatives from USAID, other donors, and collaborating agencies working in communication in Washington, D.C., to discuss PHN communication issues. A total of 80 participants attended the meeting, including 25 from USAID and 55 from partner organizations.

The meeting objectives were to:

- Discuss what the evidence shows concerning what works in the communication field in the PHN sector;
- Examine how best to capture evidence on what does not work in communication, i.e., how to record and learn from our false starts; and,
- Based on the evidence and the PHN Center's Strategic Objectives, discuss priorities for the communication field for the next decade.

The forum was structured as an interactive working meeting and used participatory techniques—primarily small working groups—to elicit the maximum amount of dialogue and exchange of ideas.

Maria Busquets, Chief, Communication, Management, and Training Division, Office of Population, PHN Center, USAID, explained that the division was in the process of preparing the sector-wide follow-on design for communication projects that are ending in 2002. This meeting, along with various other inputs, would inform the design process.

Before the meeting, the USAID Office of Health and Nutrition commissioned a paper: "Bridging the Gap: An Examination of Diffusion and Participatory Approaches in Development Communication." The author, Nancy Morris, presented the paper at the meeting. She described her view of the diffusion and participatory models. Her paper raised some issues such as using different measurement tools; the lack of agreement on definitions of different communication terms; using short-term measurement of projects with long-term goals; and a bias against reporting failure.

Dr. Scott Ratzan presented his team's literature review as a work in progress. The team looked at the impact of the past 10 years of communication publications of projects with a mass media component. They found great variation in the studies. Research and theory-based projects as well as those that did not specify a theory had demonstrated impact; theoretical approaches and indicators were inconsistently applied. In fact, only 22 percent of programs with impact had a theoretical basis. Systematically planned and implemented communication campaigns were mainly the programs that attributed significant change to media interventions. The literature review will undergo further analysis.

A series of presenters from other donors and collaborating agencies then described a variety of communication programs that illustrated a range of successes. Among their observations were the need

to: achieve standardization from research to operational definitions; measure value added and spot comparative advantages; compare experiences across countries; extrapolate from individual initiatives to new design approaches and perhaps theoretical constructs; examine the impact of noise and debate vs. planned and crafted messages, and the value of process indicators/measures; see the big picture; harness new technologies; observe the distinct trend in thinking/action toward the social side of the equation; and use quality indicators at every stage of the process.

Warren Feek then summed up the presentations and highlighted recurrent themes such as: the importance of interpersonal communication; combining knowledge and action; repackaging messages; using kids as advocates; using a consistent approach over the long term; strategic communication; ideational factors; use of social networks, coalitions, and local ownership; and use of Computer-Based Training. Some things that impede success and moving the field forward included: a bias against reporting failure; using the “parachute” model; not including enough evaluation; using the wrong indicators to measure success; misunderstanding what motivates people or stigmatizing people; using only one communication method; and programs that are not evidence-based.

After the working groups presented their ideas, Feek compiled the challenges described. Based on their presentations, he highlighted the following challenges that had emerged:

- Address skills transfer and build local capacity and long-term sustainability;
- Examine comparability and value across cultures and contexts;
- Focus on effective social change;
- Build relationships between communication interventions and other interventions;
- Get the determinant right;
- Focus on developing skills through communication;
- Address continuity through Master’s level studies, journalists, and influencers;
- Be flexible and include a richer mix of indicators;
- Tailor the program specifically to the country and audience; and,
- Leverage resources and think creatively.

The audience gave strong support to innovation and sustainability. The participants also highlighted the importance of convincing USAID that communication is an important science, costs money, and takes time to do effectively.

The meeting ended with Busquets thanking the participants and noting that, as USAID works to design future communication programs, their input was an important part of the ongoing information-gathering process.

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## Acronyms

AED	Academy for Educational Development
CA	Cooperating Agency
CCP	Center for Communication Programs
CBT	Computer-Based Training
CDC	U.S. Centers for Disease Control
<b>DHS</b>	<b>Demographic and Health Survey</b>
FAO	Food and Agriculture Organization
G/PHN	Global Bureau/Population, Health, and Nutrition
IMCI	Integrated Management of Childhood Illnesses
ICRW	International Center for Research on Women
IEC	Information, Education & Communication
KAP	Knowledge, Attitudes, Practices
KAPB	Knowledge, Attitudes, Practices Behavior
LAC	Latin America and Caribbean
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-Governmental Organization
PCS	Population Communication Services
PHN	Population, Health, and Nutrition
<b>POPTECH</b>	<b>Population Technical Assistance</b>
QAP	Quality Assurance Project
Q&A	Question and Answer
R&RS	Research and Reference Services project
TFGI	The Futures Group International
TB	Tuberculosis
USAID	United States Agency for International Development
VOA	Voice of America
<b>WHO</b>	<b>World Health Organization</b>

## I. Introduction

On December 14, 2000, the United States Agency for International Development (USAID), Center for Population, Health, and Nutrition (PHN) hosted an all-day meeting in Washington, D.C., to discuss PHN communication issues. A total of 80 participants attended the meeting, including 25 from USAID and 55 from partner organizations.

The meeting objectives were to discuss:

- What the evidence shows concerning what works in the communication field in the PHN sector;
- How best to capture evidence on what does not work in communication, i.e., how to record and learn from our false starts; and,
- Based on the evidence, and the PHN Center's Strategic Objectives, what should the priorities be for the communication field for the next decade?

Before the meeting, the USAID Office of Health and Nutrition commissioned a paper by Nancy Morris, "Bridging the Gap: An Examination of Diffusion and Participatory Approaches in Development Communication." The draft paper was circulated to participants prior to the meeting.

The forum was structured as an interactive working meeting and used highly participatory techniques—primarily small working groups—to elicit the maximum amount of dialogue and exchange of ideas. Elaine Arkin was the meeting facilitator. Dina Towbin was the rapporteur for the meeting.

## II. Meeting Highlights

### A. Introductory Remarks

**Maria Busquets**, Chief, Communication, Management, and Training Division, Office of Population, PHN Center, USAID, explained that the division was in the process of preparing the follow-on design for communication projects that are ending in 2002. The new project will be a sector-wide design integrating the five main PHN areas: voluntary reductions in fertility, maternal and child health, child survival, HIV/AIDS, and emerging diseases. Today's meeting was part of a process that included a literature review, information and surveys requested from USAID missions, and discussions with foundations and USAID's partners. She then introduced the following individuals:

- Dr. Scott Ratzan, senior technical advisor, PHN Center, who is leading the design team,
- Elizabeth Fox, senior technical advisor at the Office of Health and Nutrition, PHN Center, and a behavior change specialist,
- Warren Feek, contributor,
- Elaine Arkin, facilitator,
- Dina Towbin, rapporteur, and,
- Lisa Mueller, conference organizer.

**Joy Riggs-Perla**, Director, USAID Office of Health and Nutrition (HN), reiterated the importance of today's meeting and USAID's long-term investment in behavior change and communications. She stated that the agency's efforts must focus on consumers and providers and be long-term and continuous to change social norms and individual behaviors. She requested that the attendees share experiences and help USAID build better projects.

**Margaret Neuse**, Director, USAID Office of Population, welcomed the participants and asked them to share with USAID what they have learned in the field. She explained that PHN is in the initial stages of designing a sector-wide activity and that communication will be a very key factor. Neuse asked that participants identify common threads and projects with impact. USAID is in the middle of a "lot of change" in a very dynamic field, changing world, and changes in technology, and these items need to be brought to bear to address changes in social norms. She cited Bangladesh as a positive example of changing social norms. Neuse said USAID needed to address the context of health change in society, empowerment, gender roles, etc. She observed that the Office of Population's current communication project is used for health areas beyond just population. She said the findings from the project's evaluation would have a significant impact on the project design.

**Elaine Arkin**, facilitator, reviewed the agenda and the list of presenters. She explained that a Question and Answer (Q&A) session and working lunch would follow the presentations. The afternoon session would include a report back session.

She then asked the people in the room to stand, one-by-one, and introduce themselves. After these introductions, Elizabeth Fox introduced Nancy Morris who was to present the draft paper she wrote. Fox explained that the HN Office was looking at different communication theories and methodologies, at what works, and how we measure it. She gave a special thanks to the USAID HIV/AIDS Division that pushed the PHN Center forward to meet these special challenges.

## **B. Presentation of Morris Paper**

**Nancy Morris** was asked to look at empirical studies of communications projects that used participatory and diffusion models to see what worked. She looked at the diffusion model—a vertical information transfer via mass media that leads people to change practice and changes in knowledge—and the participatory model that is defined by a horizontal information exchange/dialogue and involves grassroots participation via group interaction. She briefly explained the difference between participatory and diffusion techniques. Morris looked at studies of health communication projects and outcomes. The paper's purpose was to examine published and easily available project papers written in the last decade. Morris had a relatively short time to research and prepare the report and could not critique many reports reviewed because many lacked information on the methods used. The paper's conclusions were as follows:

- The two types of approaches were not mutually exclusive, as many projects had "cross over";
- Often the crossover was implicit and other times explicit;
- Few reported outcomes linked to other model; participatory methods were linked to participatory outcomes; diffusion projects were almost entirely linked to diffusion outcomes;



- Most studies reported positive results; and,
- The reports highlighted the importance of interpersonal communication; many were designed to facilitate interpersonal communication.

Issues that the paper raised included:

- **Measurement**: It was difficult to compare the studies because they used fundamentally different measurement tools; participatory programs used qualitative methods while diffusion interventions use quantitative methods.
- **Definitions**: There was no agreement of how to define a participatory communication project, or what empowerment is and how you measure it. Without these definitions, it was hard to determine results. There were many different ways to measure results. Morris found that other overview studies encountered the same problem. Each journal had different requirements for articles in terms of measuring and reporting results.
- **Time frame**: There was short-term measurement of projects with long-term goals.
- **Bias against reporting failure**: Most published studies reported some degree of success; there was a reluctance to discuss or publish failures. (It was noted that many journals exclude articles that mention failures.)

**Conclusion:** This is a very complex task, achieving it on a sustained basis and comparing the studies are complex issues, and comparing studies across cultures is difficult.

Arkin then asked participants to focus on what works better and what doesn't work so well.

### C. Presentation of Literature Review

**Dr. Scott Ratzan** thanked Morris for setting up the challenges. He described the literature review that was done with Amy Oggel, Research and Reference Services (R&RS) project, and Lisa Mueller. The team looked at USAID's 30-year history in supporting communication and behavior change. Ratzan explained that USAID is embarking on a new phase of communication programming in PHN and that evidence-based technical excellence is a guiding program principle of the Office of Population. (See Annex C for the presentation.) He described the literature review's:

- Objectives
- Search criteria
- Key words search

The team examined over 5,000 titles and abstracts to end up with 283 articles that fit their criteria. According to the inclusion criteria, 93 of the 283 articles met the criteria for an evidenced-based study. They then looked for articles with impact, cross variables that we can learn from, target audience, indicators, theory, communication mix, study designs, impact, limitations, and findings. The articles with impact were principally USAID documents and funded studies. The team found:

- There was great variation in studies;
- Research and theory-based projects demonstrated impact;

- Systematically planned and implemented communication campaigns attributed significant change to media interventions;
- Theoretical approaches and indicators are inconsistently applied; and,
- Only 22 percent of those with impact had a theoretical basis; only one had a participatory design.

He concluded with a look at remaining questions such as:

- How much do we really know?
- Are we using the right approaches?
- Do we need to develop a “new approach”?
- Should there be quality standards for methodology and reporting?
- Are we examining/measuring the right indicators for impact and success?
- How do we integrate non-Western approaches and perspectives?

He noted that communication theory is just beginning to be applied in some developing countries and that a literature review should be seen as a work in progress.

### **Q&A Session:**

- Q: If that’s the knowledge base, we don’t know much. That leaves a lot of questions open, such as finances, location, and external events’ impact. Why are we excluding developed countries, i.e., USA/Canada/United Kingdom/Australians/Swiss? A much broader scope is needed. We need to distinguish between developing countries. There have been many USAID-supported studies that have not been peer-reviewed. Can USAID put together an “emergency peer review” team to broaden the number of articles available?
- A: There isn’t a lot of other information out there. Funding information was not always available. I agree that lots of work is being done in the USA and in developed countries. The National Academy of Sciences is finalizing a study on communication with diverse audiences; we intend to examine the study and, possibly, engage in additional research.
- Q: What can we do with “program evaluation” vs. experimental design studies? The studies may have been inadequately tested. There is a difference between the theory of a problem and theory of how change takes place. A lot of articles don’t report on other frameworks. The project had to report on certain indicators.
- Q: Are we using the right approach or do we need a “right approach”? It may depend on intervention as a goal or social change as a goal. We need to consider action for social change. Communication is not everything, but it can be everything. There’s a lot more—community organizations and community changes. The nongovernmental organization (NGO) sector does a lot of work at the community level with social mobilization and social change. We have not had the opportunity to document and disseminate this work.

## D. Five-Minute Presentations

Each presenter had five minutes to make a presentation and show evidence of what had worked in their programs. (The presentations are in Annex C.) After several presentations, there was a Q&A session.

### 1. Ward Rinehart, Johns Hopkins University/Center for Communication Programs (JHU/CCP), “Evaluation of Contraceptive Technology and Family Planning Choices Essentials Handbook and Wall Chart, Tanzania, May–June 2000”

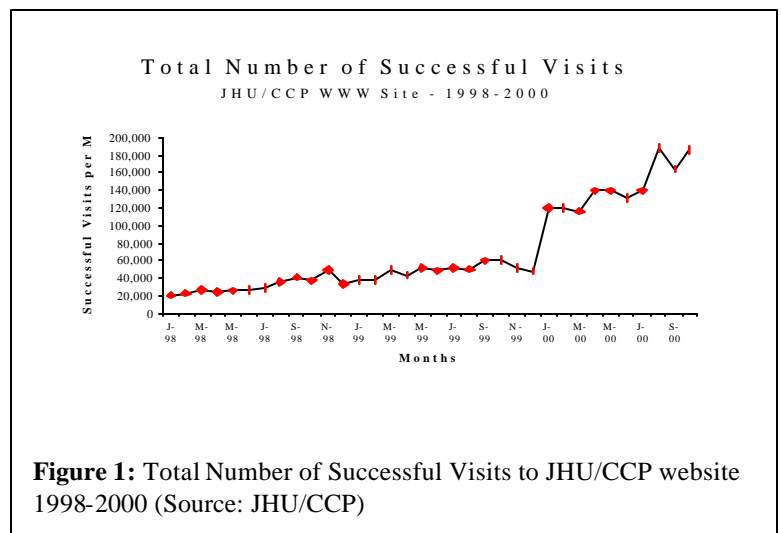
Rinehart summarized the evaluation process and procedures for a Contraceptive Technology and Family Planning Choices Essentials Handbook and Wall Chart in Tanzania. These included:

- In-depth interviews with front-line providers, managers, trainers;
- Evaluating 46 facilities in four regions; and,
- Examining steps to behavior change.

The evaluation’s findings concluded that:

- A majority (80%) had learned something from the handbook and chart.
- Participants learned about emergency contraception, eligibility criteria, and injectables’ side effects.
- Over 80 percent of those evaluated had done something differently as a result.
- There were better quality services as a result.
- As a communication aid, 50 percent were using the English version of the wall chart and some providers were translating it into Swahili for clients.
- A comparison of communication/population reports evaluations showed that the tools were being used.

Using the Internet, the project greatly increased readership of its flagship newsletter, *Population Reports*. When the December 1999 issue on “Ending Violence Against Women” was published, the project sent a press release via email to 3,000 reporters worldwide. CNN then announced the project’s web site in a news report, and, as a result, there was a huge jump in the number of visitors to CCP’s web site. The number of monthly visitors grew over subsequent months from 40,000 to 180,000 (see figure 1).



### 2. Bill Smith, Susan Middlestadt, and Peggy Parlato, Academy for Educational Development (AED), “Communication Messages: What Works and What Doesn’t and Why?”

Smith looked at “What works and what doesn’t and why?” He noted several failed communication messages (i.e., grim reaper) that were either advertising or communication failures. The “Reduce Teen Smoking” in Florida truth campaign got the determinant right. They used the themes of teens and power and teens as advocates and had good data.

In terms of sustainability, he said it was better to target continuity; use behaviors under competitive pressure so things change. This result can be seen when campaigns end. He noted that:

- Times can change without the message changing, and the result is less impact (i.e., San Francisco and Dominican Republic studies).
- Structural changes in laws, rules, or policy can effect change. He noted the importance of external structural factors such as the impact of cigarette tax on teen smoking. And the Kettering Foundation found that the public debate on test scores alone increased teens’ test scores.
- Communication can be used to build social capital, i.e., using communities to solve problems and using radio with the community listening.

Middlestadt noted that communication messages can have unintended side effects and audiences and that it is important to “get the determinant right,” i.e., tailor communication to individuals, use motivational counseling and skill-based behavior.

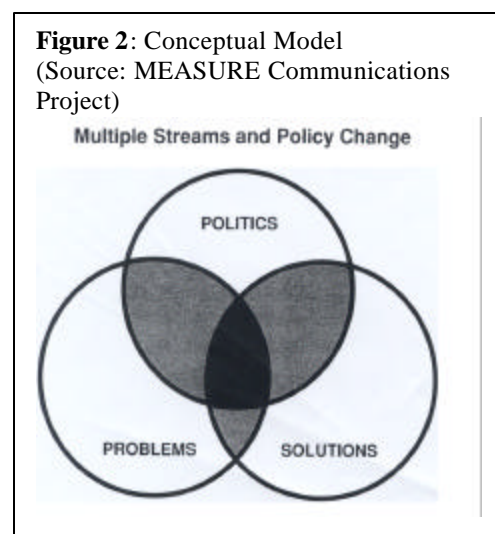
Parlato described several communication programs/messages that led to changes, including:

- A Communication for Policy Change program that created profiles had an impact on policy changes. A computer study showed the impact of poor nutrition on labor productivity, school and health costs.
- Media coverage of data has led to behavior change. An article on a study of condoms in school that found that condoms did not to affect teenage sex rate led 300 schools to ask for assistance with their programs.

Smith added that communications programs should not “give up on new media yet. Just using computers isn’t enough. Fabulous creative works too.” He noted that there’s more great data available in condom social marketing, for example.

### 3. **Nancy Yinger, Population Reference Bureau, MEASURE Communications Project**

In terms of policy communications results, the MEASURE Communications Project does not have any data yet, according to Yinger. She defined policy communication as a specific kind of communication in which: senders are researchers, analysts, journalists, or advocates; messages define problems and link them to feasible solutions; and, receivers are policy- or decision-makers. She then presented a conceptual model that showed the convergence of problems,



solutions, and politics (see figure 2). Yinger described policy communication activities as:

- Setting the agenda;
- Building coalitions (i.e., in Africa, bringing journalists and health officials together resulted in improved media content of health issues); and,
- Closing the research-to-policy gap, which can result in more realistic goals.

Yinger then gave examples of indicators to be used, comments from users, and potential outcomes and results.

**Q&A session** (for the presenters from the first group):

Q: Please provide more information on motivational counseling.

A: Motivational counseling can include providing counseling domestically, using a standardized protocol, looking at barriers, or helping clients solve the problem themselves.

Q: Are we targeting continuity and not sustainability? How do we find common ground?

A: We need to discuss this. We know what it takes to do a good communication project but then we cut back on the project and retain the same expectations. We need to do more to stand up and demand increased resources to achieve goals. We need some basic things in communication projects. We need a different model. We need to make a better case for communication.

**Additional Comments:**

- It is interesting to see what works and what doesn't. This isn't always a satisfactory process. An editor may cut out a lot of descriptive items from peer-reviewed articles. From our own knowledge, why have overall social changes taken place? For example, family planning programs have been a great success globally over the last century. Demographic change theories, "ideation"—how ideas spread among people—is being touted as more important than participatory or diffusion programs. Seat belt programs in the USA are another example where the facts show that these communication programs didn't work, but people are using seat belts. Communication has to work over the long-term. We need to look at US studies. Sometimes the programs were too short, or there were not enough resources. We need to learn from programs that worked. What has worked and what theories work?
- Presenters have shown a rich amount of behaviors in different settings. Some consequences can be positive, but there may be unintended effects. Before the medical community undertakes a study, it asks if it hurts anyone (i.e., first do no harm). This is being looked into on HIV/AIDS programs where you have a high-risk population.
- Population messages include teaching women how to deal with a husband who is violent when both husband and wife are listening, and discussing condom use in a family situation when kids are listening.

**4. Stan Yoder, Demographic and Health Survey (DHS) Group, Macro International, “Evaluating Health Communication Projects”**

Yoder began by explaining that the DHS group within Macro:

- Has an ongoing interest in the way PHN designs the new communication strategy;
- Tries to formulate survey questions that provide information about indicators used to monitor program activities and program impact; and,
- Is interested in following USAID and others’ strategy since many others depend on this information to decide what to include in surveys.

In evaluating health communication projects, Yoder raised two cautionary notes concerning:

1. Diffusion of AIDS messages, and
2. Moving from knowledge to practice.

He used a radio soap opera on HIV/AIDS in Zambia as an example; the HIV/AIDS care and prevention messages were translated into the local language and the outcome evaluated.

- Gender differences, i.e., the everyday experience of men and women in household are different, so as a result, their everyday experience will have an impact on what they retain;
- Relationship between stated knowledge and what they actually know is rather tenuous;
- Resist the temptation to assume that a change in knowledge will lead to a change in practice;
- Reduce reliance on knowledge measures but use “knowledge in action” to measure results; and,
- Pay more attention to practices and events, and less attention to knowledge in our program designs.

**5. Jose Rimón, JHU/Population Communication Services (PCS), “Strategic Communication Results”**

Rimón presented a summary of the JHU/PCS strategic communication results in three countries. He explained that there were many different approaches and tools to achieve targets in healthy behavior. He listed the 12 elements of strategic communication:

1. Science-based
2. Client-centered
3. Benefit-oriented
4. Service-linked
5. Participatory
6. Multi-channeled
7. Technically high quality
8. Advocacy-related
9. Expanding to scale
10. Programmatically sustainable
11. Results-oriented
12. Cost-effective

**Figure 3: Strategic Communication in Nepal (JHU/PCS)**



- In Bolivia, JHU/PCS used an integrated approach to reproductive health through multiple interventions. The results were increases in the desired healthy behavior. Local ownership was important.
- In Tanzania, JHU/PCS used a DHS to track the Green Star program's indicators of success. The cumulative impact of indicators can be predicted. A key lesson learned was the importance of ideation.
- In Nepal, JHU/PCS evaluated a 1994-2000 family planning program with two radio serials. When both the provider and client were exposed to the programs, there were better results.

One conclusion was that we might be underestimating the impact of communication in family planning. There is a strong correlation among those directly and indirectly exposed. We need to look at indirect impact of communication.

With ideation, the cumulative impact of indicators can be predicted.

## **6. Reed Ramlow, The Futures Group International (TFGI), “A Holistic Approach to Generate Change”**

TFGI uses a holistic approach to generate change and a combination of diffusion, participatory and social marketing techniques. Ramlow highlighted TFGI projects in Pakistan and Mexico to illustrate the holistic approach.

In Pakistan, TFGI used audiocassettes in a social marketing program that:

- Combined diffusion and participatory techniques;
- Built on higher use of cassette players than radios in-country;
- Circumvented the population's low literacy rates especially among women;
- Used mass distribution through pharmacies;
- Employed female health volunteers, usually midwives, to conduct chat groups with women; and,
- Resulted in greater increase in contraceptive use among those who participated in chat groups.

In Mexico, TFGI formed multi-sectoral citizen planning groups with the goal of improving the policy environment and funding available for HIV/AIDS services. The program achieved both participatory and HIV/AIDS outcomes.

## **7. Donna Vincent Roa, Quality Assurance Project (QAP), “Strengthening Health Services Delivery and Increasing Information Access with Computer-Based Training”**

Vincent Roa spoke on the benefits of computer-based training (CBT) in terms of increasing health worker knowledge, disseminating information, and achieving behavior change.

Why CBT?

- Alternative to traditional medical training;
- Practical solution for organizations with limited resources;
- Delivers a satisfying learning environment and ensures information content and quality; and,
- Participants seem to prefer CBT even though most (95%+) had never used computers before.

As an innovative training approach, QAP has played a leadership role in:

- Applying a CBT approach to Integrated Management of Childhood Illnesses (IMCI);
- Developing a tuberculosis (TB) CD-ROM that contributes to improved compliance with World Health Organization (WHO) guidelines for correct TB case management; and,
- Producing an issues paper: *The Use and Effect of Computer-based Training in Healthcare: What Do We Know? Looking at the effectiveness of CBT in healthcare and application in developing country settings.*

Vincent Roa discussed the lack of information on CBT in developing countries. Field tests have identified several limitations. QAP is developing a quality performance learning series that includes local contingencies and is exploring using partner organizations to field test products. A key result of product testing is the product as a mode of delivery. The product image is one of cooperation/synergy/modes of behavior.

## **8. Marcia Griffiths, Manoff Group, “Communication for Behavior Change”**

Griffiths began with her conclusions, based on nutrition projects’ experiences.

- To achieve behavior change, you need a behavior change strategy not just a communications strategy;
- Need to combine theoretic models;
- Universal elements to ensure impact;
- Basic intervention package – targeted messages; group discussions; radio; individual counseling; resulted in change in behaviors and improved nutritional change in children;
- Work with local context - participation in defining problem and important themes and actions;
- Employ “precision” in implementation; and,
- Allow for individual tailoring, such as the need to increase product supply.

Griffiths gave several examples from nutrition projects in Indonesia, the Dominican Republic, West Sumatra, and Central Java.

**Q&A / Comments** (for the presenters from the second group):

**Comments:**

- I am very happy and anxious listening to these presentations. There is an association of behavior change linked to exogenous determinants in academia. In programs, there is a synergy/combination of strategies/theories. I recommend that we go in this direction. We shouldn’t have to find one single theory. These “unmeasurables” in ideation are demonstrating the strong link with behavior change in health. What works? This is a humongous challenge. We need a more complicated analysis—length of campaign, cost-



effectiveness, funding, what type of change? When and how we apply it and availability of funding will determine the intervention.

- Nancy Morris' paper was very interesting, and it made me think about things in a different way. Diffusion models come from psychology. How people live their lives—Knowledge, Attitudes, Practices (KAP)—demography/social categories—what is the context? In the Pakistan qualitative/quantitative study, we looked at context and found that it was almost always men that raised the subject of family planning. When women brought it up, it created domestic violence against women. This didn't happen in Egypt.
- It's important to think outside the box. Every community in the Latin America and Caribbean (LAC) region had a health communicator. We should develop a health communications program at the Master's degree level in developing countries. "Health sells" when working with the media. Health was cited in a 60-country survey as the #1 concern, and family was #2. We need to think about stimulating communications people to work with less money and use existing resources.
- We need to use many approaches, not just focus on communication
- Who's doing the evaluation and decides what works? How do we get other voices heard? We need to get more involvement from institutions in the South to see what makes for social change/ better communication. It is extremely complex to figure out what works. We need good triangulation on what works to eliminate bias. We can increase the "anger of citizens in the local context." In Bangladesh, a citizens group focused on the broader issue of health, not specific diseases.
- USAID-funded projects are done with local participation. After a communication intervention, the level of change drops, but it drops to a higher level than existed before. In a Food and Agriculture Organization (FAO) communication project—a best-case scenario—a very participatory approach was used, but it was not linked to program objectives. We need to link participation to certain outcomes.

## **E. Summing Up**

### **Warren Feek, "What Have We Heard" & General Themes**

With a view toward the type of direction and issues the new USAID communications project design could incorporate, Feek quickly summarized what participants had stated so far and issues to be incorporated. His summary included the importance of:

- Achieving standardization from research to operational definitions;
- Effectiveness in terms of how to measure value added and how to "spot" comparative advantages;
- Identifying what has been contributed given USAID's large investment;
- Comparing experiences across countries;
- Extrapolating from individual initiatives to new design approaches and perhaps theoretical constructs;
- Examining the impact of noise and debate vs. planned and crafted messages;

- The value of process indicators/measures, e.g., numbers of materials distributed, news coverage that resulted, numbers of people reporting use of materials;
- Seeing the big picture;
- How to best harness new technologies;
- The distinct trend in thinking/action toward the social side of the equation—networks, ideation, debate, local ownership, chat, norm, use of social change, under use of behavior change;
- Quality and using quality indicators at every stage of the process.

In terms of the environment, Feek mentioned the utility of social networks because having the right people on board will increase impact and the need to understand the local context, culture, and environment.

In terms of “what works,” he highlighted themes such as:

- The importance of interpersonal communication;
- Combining knowledge and action;
- Repackaging messages;
- Kids as advocates;
- A consistent approach over the long term;
- Media coverage of data;
- Strategic communication;
- Ideational factors;
- Use of social networks, coalitions, and local ownership; and,
- Use of Computer-Based Training.

What did not work so well was a bias against reporting failure.

Feek identified a series of challenges including the need to:

- Address the transfer of skills and long-term sustainability;
- Examine comparability and value across cultures and contexts;
- Focus on effective social change;
- Build relationships between the communication interventions and other interventions;
- Get the determinant right; and,
- Focus on skills developed through communication.

He reviewed the different communication theories presented, comments, and what should be measured in communications projects. Feek highlighted some issues of debate such as distinguishing between marketing and communication.

### **Comments by Participants**

- We need to do it well – the issue of quality as you go through the stages, we need specific measures of quality as you go through implementation.
- It’s a complicated process to include all the inputs and make strategic decisions. Let’s not develop a cookie-cutter approach to what works. The world is more complicated. We need to understand strategies within context.

- Look at “The Tipping Point,” by M. Gladwell. Little changes can have big effects. Change can happen rapidly. Law of the few that social epidemics are driven by a few; stickiness factor—good ideas are memorable; context.
- Consistent funding over a long period can lead to longer-term change. Often USAID isn’t set up to do things for longer than five years. We need to get away from a short-term focus. Don’t be defensive about funding and time needed.
- Hierarchy of effects model: Why do we expect to spend more to achieve a higher level of effect?
- Funding: Quality programs require significant resources. Effective communications campaigns are multi-faceted and long term. We need to leverage resources, look at private sector, other donors, etc.
- The cause and effect model needs to focus more on people. How do they listen, how do they understand, not just with health messages? Health deals with our own biology—pleasure, pain, fear—we need to address these. The credibility issue, i.e., do people believe the message? Do they believe in the health provider? Support for changes is very important. Communication, training, and the relation with health providers are important.
- Dearth of evaluation of participatory methods—The International Center for Research on Women (ICRW) and AVSC are working with adolescents in Nepal looking at behavioral impact and cost. The Horizons project in the Dominican Republic is trying to replicate the 100% brothels’ use of condoms from Thailand.

## **F. Afternoon Report Back**

After meeting in small groups of five to eight participants, each group gave a five-minute summary report back to the audience on what works and what doesn’t in communication projects. Each group’s comments are summarized below.

### **Group #1**

The central recommendation was to expand beyond the peer-review studies to analyze programs that work, including the private sector experience.

#### **Themes**

- Funding and leveraging
- Horizontal vs. “precision” programming
- Tap into private sector resources (perhaps pro bono)
- Meet communication needs of all Center programs
- Link communication components solidly to services, logistics, etc.
- Who’s doing the strategic planning?
- Look at change in the broader sense: policy, social, structural, and individual behavior

#### **What Doesn’t Work**

- Pressure to report successes only
- Realistic evaluation expectations are needed
- Realistic sustainability expectations (capacity building and links to private sector) are needed

## **Group #2**

This group stated that it did not like the title “What Works” because what works in one setting may not work in another. This group preferred the phrase, “Elements that Contribute to Success.”

### *Elements that Contribute to Success*

- Continuity: Master’s level studies, journalists, influencers
- Flexibility: How program is shaped; how we work together; measures of success; need a richer mix of indicators
- Tailoring: Make the program specific to the country, audience, etc.
- Leveraging resources
- Thinking creatively

### **What Doesn’t Work**

- Parachute model
- Not enough evaluation (need mixed models)
- Wrong indicators used to measure success
- Programs with too much information
- Misunderstanding what motivates people
- Stigmatizing people
- Thinking only of one method
- Build/coordinate technical content
- Programs that are not evidence-based

### **Gaps**

- Not enough evaluation
- Need gatekeeper/decision maker/opinion leader
- Sustainability reviews
- In-country audits
- Better understanding of sustainability and post–funding follow-up

## **Group #3**

- Use a comprehensive communications approach with a framework
- Start with a theory and a strategy that is evolving with built-in feedback
- Remain very responsive and connected to the environment in which you are working
- Link closely with local partners
- Know reality of country (access, infrastructure, quality)

### **Things to Avoid**

- Letting communication products lead to strategy rather than the reverse
- Status quo, i.e., need to monitor/evaluate and make changes to projects when you find things are not working
- Baseless assumptions about messages; make sure to field test messages.

### **Things to Do**

- Don’t stifle innovation.
- Connect level of resources for project with achievable results (be realistic) (establish this up front)
- Think about sustainability vs. immediate impact issues; these are linked and should be mutually reinforcing

- Multi-sectoral coordination with public/private partnerships, local NGOs, donor agencies, education sector, advocacy groups, agriculture, faith-based organizations, etc.
- Intervention must go beyond:
  - General “information-sharing” to focus on real benefits to each individual
  - “Communication” to link with other non-communication projects
- Determinants should drive program/intervention
- Use multi-disciplinary teams in all planning

#### **Group #4**

##### **What Works:**

- Local priority setting – bottom-up and top-down approaches
- Coalition-building with NGOs and stakeholders
- Multilevel/multidimensional strategies: community, policy, media levels

##### **What Doesn't Work:**

- Short-term programming vs. long-term expectations
- Quick impact indicators
- Unable to build capacity
- Sustained structural changes
- Dichotomy—don't create a false dichotomy between participation and diffusion

#### **Group #5**

##### **What Works:**

- Broad interpersonal innovations—think broadly
- Policy, community, two-step flow, get information moving
- Counseling
- Continuity to bring about changes in behavior
- Sustainability in intervention
- Technical assistance/talent needed
- Practicum/university-level training
- Rigorous methodology to include different applicable theories
- Include examining human rights and gender issues

##### **What Doesn't Work:**

- Issues on funding—North-South dialogue
- Complex issues—technical assistance from North to South; need to engage southern partners more

#### **Group #6**

##### **What Works:**

- Multiple components integrated into a larger program with service delivery, training, etc.
- Same messages across all segments (e.g., sex education, adolescents get the same message from school, parents, church)
- Programs should challenge or modify customs to perpetuate culture
- Need big ideas (e.g., Indonesia)
- Long-term view

##### **What Doesn't Work:**

- Communication alone doesn't affect behavior change
- Don't use cookie cutter approach, just one tool

- Directing campaign only towards individual without community involvement
- Just supplying information isn't enough
- Lack of continuity with funders and counterparts
- Focusing on one aspect of behavior change (e.g., HIV/AIDS just on transmission.)

## **Group #7**

### **Positives / What Works:**

- Communication project can produce behavior change but it takes time and money
- Some interventions respond better to communication than others
- Communication projects should take a multi-layered approach, include policy, situation, other factors affecting behavior, when needed
- Goal – help individuals, families, communities make healthier choices
- Expected outcomes:
  1. Higher salience of issues
  2. Public participation and debate
  3. More accurate information
  4. Create enabling environments
  5. Healthier individual behaviors practiced and integrated into life as a habit

### **Negatives / What Doesn't Work:**

- Lack of a good communication systems between Cooperating Agencies (CAs), USAID mission, USAID/Washington, Congress
- Only addressing one piece of a problem
- Unrealistic planning and resources
- Single media efforts
- Bad timing or sudden shifts
- Lack of pre-testing with intended audience and stakeholders to avoid unintended effects
- Ignoring local knowledge
- Resist temptation to do Audiovisual /Information, Education & Communication (IEC) centers in Ministries of Health (MOHs)
- Lack of good feedback
- Not prepared to deal with controversy

## **Group #8**

### **What Works:**

- Approaches that are systematic, flexible, contextual/connected, continuing, multi-channel, creative
- Using the right tool to do the job (understand what you're trying to do)

### **What Doesn't Work:**

- Not knowing what you're trying to accomplish
- Communicating wrong information
- Not knowing when you've reached a "plateau"
- Forgetting that it's all part of a system
- Getting hung up on the hard part

## **G. USAID Priorities for the Next Decade**

Fox: How do you maintain sustainability with creativity to use our resources in the best way?

Fox: In a radio program in Bolivia, USAID worked with Voice of America (VOA) to develop broadcasts on maternal and child health (MCH) issues in Latin America. USAID put in a small amount of funding. A journalist followed a USAID team and then used that information in a radio series. He acted as a “spark” within the organization. USAID and VOA found a convergence of interests in two organizations and creative individuals.

### **Comments:**

Innovation: Realize that a certain number of programs will fail. Look at some programs as risk capital (not “sure thing” capital). We need to push the envelope and try something and see if it works. Set aside a percentage of money for new ideas.

Sustainability—quality of products produced. (Eight years ago, for a few hundred thousand dollars, USAID produced a Pakistan TV program on the benefits of girls’ education. It is now being played in the Emirates.) A good product has “legs.” What are sustainable institutions? An institution that’s proven its ability to produce good products—provide it with training to build capacity. Everything always needs more money to exist. If a local institution can show its value, it will be perceived as such by others.

To sustain creativity, leave enough scope and flexibility so that people can see the fruits of their labor.

USAID’s and CAs’ track record: The trend is one of self-starting communication activities around the world. It’s not a problem to promote it, but for USAID to select the one to support, (for example, community-based radio programs). Suggest that USAID support something that has natural dynamic, local leadership, where you can see something develop.

(Bartlett) In response to the list of 52 practices for mothers to learn and working with NGOs, how do you support the appropriate intervention when it’s needed? We need local resources in the community. We need to pair up communication with community health initiatives.

Q: (Busquets) Lots of recommendations had to do with the way USAID does business. If the local NGOs/MOH are USAID’s clients, if they were more empowered to negotiate with missions, would that improve the process? Is there a role for you in the process?

A: There are lots of differences at the mission level. In some countries the NGOs/MOH and mission work closely, while in other places, they are working at cross-purposes. Not a bad strategy, but in some missions it wouldn’t work. It would put USAID in an awkward position. USAID missions provide technical input to achieve results. CAs can play a role in bridging the gap.

Q: What is USAID already doing in community development and how can we work in a communication program to link them more effectively?

- Q: How can we operationalize some of these ideas within USAID, for example, the use of new technologies in the health context?
- A: CBT or web-based training didn't meet all the requirements of either the participatory or diffusion model.
- A: U.S. Centers for Disease Control's (CDC's) CD-Rom-based training program starts off with epidemiology and takes you through the broader interventions. The CD includes an extensive database. Recently, CDC revised it.

### **Comments:**

- There are challenges in working with USAID missions. There needs to be more of a dialogue with the mission. CAs need to build this dialogue. Empower your local organizations to be part of the dialogue.
- HIV/AIDS and human capacity development: Before it was hard, but now with the AIDS situation, we have to triple our resources to reach the same number of people
- Greater involvement is needed to form public-private partnerships to work together to develop solutions. We need to combine resources to tackle the problem.

### **Questions for USAID :**

- Q: Are you anticipating a big policy shift (with a new administration), such as “making the world a better place for American products”?
- A: We're always looking at policy shifts and the importance of working with a broader support group. There's the growing role of private foundations and companies (i.e., Gates Foundation and other private foundations). We are working with organizations that work in that context. We now see ourselves as part of a larger partnership and more responsive to the American people's objectives.

USAID is increasingly aware that child health funds are not coming from the US government, but we have the chance to develop approaches. We have the opportunity to make a difference. Why are we under-investing in communication and behavior change? We can show others the “best way.”

### **Wish List for the Next Decade**

- Have communications be treated as a profession and be more respected

### **H. Closing Remarks**

Busquets thanked the participants for their ideas. She remarked that now her office has the challenge of putting creativity, flexibility, and good ideas on paper. The next steps for USAID are to:



- Establish a virtual link with Warren Feek's Communication Initiative so groups in the South can provide feedback, and,
- Review survey data from the missions.

Field mission links are extremely important (as they provide upwards of \$30 million/year) and other sectors think communication is very important—agriculture, democracy and governance.

She ended by stating that they hope to put information on paper in next few months and will be getting back to the participants.



## **Annexes**

- A    Agenda
- B    Participant List
- C    Presentations

ANNEX A: AGENDA  
PHN Center Communications Meeting  
December 14, 2000

8:30 – 8:45 am	Welcome/Context/Announcements (Maria Busquets, Joy Riggs-Perla, Margaret Neuse, Elaine Arkin)
8:45 – 9:00	Elizabeth Fox Paper Presentation (Nancy Morris)
9:00 – 9:15	Literature Review (Scott Ratzan)
9:15 – 9:45	Q & A
9:45 – 10:15	CA Evidence of What Works
10:15 – 10:30	Q & A
10:30 – 10:45	Break
10:45 – 11:15	CA Evidence of What Works
11:15 – 11:30	Q & A
11:30 – 11:45	What have we heard? (Warren Feek)
11:45 – 12:15 pm	Open Mike Discussion
12:15 – 1:30	Working Lunch Synthesis of Morning Session: What Works?
1:30 – 2:30	What doesn't Work?
2:30 – 2:40	Break
2:40 – 3:15	Report Out
3:15 – 4:15	Priorities for the next Decade (Open Mike)
4:15 – 4:30	Final Thoughts



## ANNEX B: PARTICIPANT LIST

### PHN Center Communications Meeting

December 14, 2000

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## **ANNEX C: PRESENTATIONS**

- P. Stanley Yoder, ““Evaluating Health Communication Projects,” Macro International, Inc.
- Donna Vincent Roa, “Strengthening Health Services Delivery and Increasing Information Access with CBT,” URC
- Warren Feek, “What We Have Heard & General Themes”
- Scott Ratzan, “Literature Review”
- Ward Rinehart, Johns Hopkins University/Center for Communication Programs (JHU/CCP), “Evaluation of Contraceptive Technology and Family Planning Choices Essentials Handbook and Wall Chart, Tanzania, May–June 2000”
- Bill Smith, Susan Middlestadt, and Peggy Parlato, “Communication Messages: What Works and What Doesn’t and Why?,” Academy for Educational Development
- Nancy Yinger, Population Reference Bureau, MEASURE Communications Project
- Jose Rimon, JHU/PCS, “Strategic Communication Results”
- Reed Ramlow, “A Holistic Approach to Generate Change,” The Futures Group International (TFGI)
- Marcia Griffiths, “Communication for Behavior Change,” Manoff Group



## **USAID Health Communication Remarks**

December 14, 2000

P. Stanley Yoder,  
Macro International, Inc.

### **I. Macro International interest in health communication**

The Demographic and Health Survey (DHS) group within Macro has an ongoing interest in the way PHN designs the new communication strategy. We try to formulate survey questions that provide information about indicators used to monitor program activities and program impact.

In formulating such questions, we look for ways to ask about recent events. We are very skeptical about asking any hypothetical questions (If your child has a fever, what would you do?), since it is not possible to know how the question is understood, or how the respondent might imagine the situation.

We are also skeptical about asking normative questions: (do you wash your hands before cooking?), since it tells us nothing about individual behavior. We try to develop questions about events, and questions that use concepts meaningful to those interviewed.

### **II. Evaluating health communication projects: two notes of caution**

#### **A. Diffusion of AIDS messages**

Program managers of projects using radio or television should not expect their listeners to understand messages in just the way they were formulated. Consider the example of the evaluation of the Nshilakamona radio soap opera in Zambia. In a chapter of a book called *Contaminating Theatre: Interactions of Theatre, Therapy, and Public Health* (Mac Dougall & Yoder 1998), the process of moving from the formulation of AIDS messages in English to dialogue in Bemba and then on the what listeners may understand is discussed.

The following messages were formulated in English to guide the script writers in creating dialogue and events.

1. AIDS is an important health problem in Zambia.
2. You can get AIDS (everyone is at risk).
3. You can prevent AIDS.
4. Women are no more to blame for the spread of the virus than are men.
5. People should talk about AIDS with their spouses and their children.
6. Care for people with AIDS, it will not make you sick.
7. Condoms protect against infection from the virus.

These were messages developed from medical knowledge about HIV and AIDS, plus the group discussions held with adults in three cities.

The evaluation survey asked a sample of adults about their listening to Nshilakamona. As seen in Table 1, 759 persons reported that they had listened to the program. When those 759 persons were asked what they learned, they gave the answers presented in Table 2.

<b>Table 1: Exposure to Nshilakamona (radio soap opera) in Bemba (Northern &amp; Copperbelt provinces)</b>		
	Percentage of entire sample	Percentage among those who had listened at all
Ever heard of Nshilakamona	53	--
Ever listened to Nshilakamona	45	--
Listened in past two months	32	71
Listened two or more times in past month	29	63
Listened "very often" or all the time	12	25
	N=1682	N=759

<b>Table 2: Things a person could learn from the radio drama</b>			
	<b>Women (percent)</b>	<b>Men (percent)</b>	<b>All (percent)</b>
Sleeping around is dangerous	35	39	37
Ways AIDS is transmitted	54	24	36
Parents must be careful in raising daughters	40	20	28
AIDS is a very bad disease	16	29	25
AIDS is transmitted through having sex	33	12	22
You should have only one sexual partner	13	21	17
Drinking can have bad consequences	24	11	17
Condoms prevent AIDS transmission	16	19	17
	N=338	N=421	N=759

It is instructive to compare the list of AIDS messages articulated to guide the program, and those messages cited by listeners. Correspondence between the two lists is minimal. But think why that may be.

The list is generated in English using public health concepts for talking about AIDS.

The messages are supposed to enter the dialogue or narrative somehow, but in Bemba.

Listeners hear the program in Bemba and interpret what they hear in terms of their own experience. Note the clear contrast between responses of men and women.

We should not expect to be able to use messages recalled as an indicator of changes in knowledge. Recall of jingles or specific images may be used to show diffusion, or proportion of those who heard a program.

#### B. Moving from knowledge to practice

Just a note to remind us that we should resist the temptation to assume that a change in knowledge will lead to a change in practice. The evidence of knowledge change with no shift in practice is simply too strong to justify our maintaining that assumption. Rather, we need to pay more attention to practices, to events, and less attention to knowledge, in our program designs.

**Strengthening Health Services Delivery and Increasing Information Access with CBT**  
Donna Vincent Roa, Director of Communications, Associate Project Director, and Director of  
the Technology for Performance Group, URC

Presentation Structure

- Why Computer-Based Training?
- Organizational Readiness
- Quality Performance Learning Series and Current Projects
- Research
- Constraints and Limitations
- Partnerships and Collaborations

Why Computer-Based Training?

THE RESEARCH

- Alternative to traditional medical training
- Practical solution for organizations with limited resources
- Delivers a satisfying learning environment and ensures information content and quality

Why Computer-Based Training?

CONTRACT REQUIREMENT

- “Take advantage of training interventions and approaches that offer the potential for improved cost-effectiveness”
- Project Goal — develop and field test CBT tool for quality assurance

Innovative Training Approaches

- QAP has played a leadership role in:
  - applying a CBT approach to IMCI
  - developing a TB CD-ROM that contributes to improved compliance with WHO guidelines for correct TB case management

Why Computer-Based Training?

THE OUTCOMES

- Builds human capacity
- Guarantees transfer of critical skills
- Increases access to information
- Provides training where there is no trainer

Organizational Readiness

CBT ISSUES PAPER

- *The Use and Effect of Computer-based Training in Healthcare: What Do We Know? Looks at effectiveness of CBT in healthcare and application in developing country settings*

Organizational Readiness

- Established the Technology for Performance Group to:
  - manage the development of CBT
  - define and develop formal processes to support the design, development, production, testing, implementation, and marketing of CBT products

- generate new CBT business opportunities

#### Quality Performance Learning Series

- Developed to improve health worker performance and promote good health outcomes
- Cost-effective, innovative, computer-based learning tools strengthens competencies, enhances learning, and increases knowledge of health providers

#### Current Projects

- TB Case Management – English, WHO DOTS-based training
- TB Case Management – Spanish adapted to Bolivia healthcare context
- Quality Assurance Kit
- IMCI - Uganda version
- IMCI - generic version
- IMCI – Spanish, adapted to Bolivia healthcare context

#### TB CD-ROM

- Used to train health workers in the latest TB care methods — all aspects of prevention, diagnosis, and treatment
- Can be used for pre- and in-service training or as a refresher
- TB CD-ROM Contents
- Provides users with an engaging and stimulating learning environment
- Helps user to master all aspects of TB case management
- Pre-tests and post-tests

#### TB CD-ROM Contents

- Large collection of DOTS forms and reference materials
- Other features: colorful graphic icons, audio narration, computer tutorial
- Second Place Winner, Minnesota Design Competition, 2000

#### Operations Research

##### Field Testing – TB

- Tested in Ethiopia with 100 doctors
- Results: health workers who use this CD-ROM had higher competency scores than those who use traditional paper-based training

#### Quality Assurance Kit

- Developed as an alternative training method to build capacity in QA skills and support operational teams in the field
- To address low computer competency, QAK includes several components to enhance computer skills

#### Quality Assurance Kit

- Contains the latest QA methods and tools
- Provides a tutorial on how to use the computer
- Allows Internet and e-mail interface
- Winner, Silver Cinema in Industry Award (CINDY Fall 1999)



## Operations Research

### Field Testing – QA Kit

- Ethiopia field-test results used for final upgrades
- Technical operation, ease of use, navigation, cognitive load, mapping, screen design, information presentation, media integration, instructional design, attitude of users

### Quality Assurance Kit

- Refinements underway
- Case studies and tools are being refined
- Revised beta version Fall 2000
- Additional field testing planned
- Partnering program with several healthcare organizations and NGOs
- QAP wants to adapt the generic QA Kit to an IMCI-QA Kit to further enhance health worker performance and algorithm compliance

### IMCI CD-ROM

- Developed two years after the WHO/UNICEF IMCI global initiative to train health workers in the IMCI clinical guidelines in collaboration with the Uganda MOH
- A multi-media course that mirrors the traditional course
- Allows for simulated patients and testing

### IMCI CD-ROM

#### PRODUCT GOALS

- Shorten the standard in-service IMCI training course
- Provide refresher or pre-service training
- Expand the reach of IMCI training to health professionals not typically included in standard training

### IMCI CD-ROM

- Second version has received WHO financial support for content and functionality upgrades
- WHO interest and support in beta testing the final product in 2001

## Operations Research

### Field Testing - IMCI

- Ugandan government interested in exploring alternatives to standard training
- Adapted to Uganda context
- First field test in Uganda

### Uganda IMCI Study

- 54 in standard course
- 59 in CBT course
- Result - knowledge and performance tests (2 week and 3 month testing) – scores almost identical

### Uganda IMCI Study Results

- Results of the cost analysis reveal that when compared to traditional classroom-based IMCI training, CBT was almost 30 percent cheaper per trainee (omitting development and hardware costs)
- Requires only 9 days and fewer facilitators to conduct the training

#### Uganda IMCI Study Results

- Course is less taxing to facilitators and less expensive, even if computers need to be rented
- Participants seem to prefer the CBT course, even though none had ever used a computer before
- New CBT courses may lead to increased knowledge and retention of information

#### Constraints Identified in Uganda Field Research

- High cost of computers – either for purchase or hire
- Need for ongoing and routine computer maintenance, servicing, and security
- Power surges and power outages
- Constraints Identified in Uganda Field Research
- Computer not available at the district level
- Limited district resource allocations for training

#### IMCI CD-ROM

##### The Future

- Current version being updated and revised
- Modern interface, tutorials, six patient simulations, a glossary, student tracking
- Additional field testing of the new version planned
- Adaptation to French and Russian being considered by external partners

#### CBT's Potential

##### CBT learning environment

- independent
- self-paced
- interactive
- shorter course of study
- fewer instructor interactions
- more cost-effective

#### CBT's Potential

- Can be copied or shared among a large number of users
- Serves as a reference material for up-to-date learning
- May be the only learning tool available to a health professional

#### Partnerships and Collaboration

- Identification of new markets
- Product testing, development, and adaptation
- Research on cost-effectiveness
- Product reviews/placement
- Public information and advocacy

### Partnerships and Collaboration

- Develop an adaptable CBT architecture for rapid deployment in other languages and health contexts
- Expand CBT development to include malaria, HIV/AIDS, diarrhea, etc.
- Establish journalism training in health
- Develop in other subject areas based on client needs

### QAP Value-Added Areas

#### Experience in:

- Alternative learning technologies project management
- Medical and health background and expertise
- Product testing and research capabilities

### QAP Value-Added Areas

- Ability to design performance support solutions
- Extensive network of subject matter experts
- Culturally sensitive and multi-lingual staff

## Warren Feek, “What We Have Heard & General Themes”

### General Themes

[brackets – Feek’s comments/questions - except names/orgs]

#### The "environment/context"

Social networks - right people interpersonally - increase impact [Scott]

Success is determined by the extent that there is an understanding of the local context, culture, environment [Marcia]

#### What Works

Across diffusion/participatory construct all mentioned the importance of interpersonal communication [Nancy]

Most studies report positive results [Nancy] - [??]

Lit Review - No common denominator for impact [Scott]

Lit Review - could not look at the quality of the communication intervention - therefore begs question - if failed - good communication, bad design or bad communication, good design or...

An ECT Handbook in Tanzania works - knowledge and action [Ward]

Pop Reports works - supports people improving their work [Ward]

[compilation - JHU programs - last 10 years - reach, effect summaries, etc]

Re-packaging works - [Bill]

Kids as advocates works [Bill]

Kids given a pulpit to 'beat up on adults' [Bill]

Need consistency and long term - HIV in San Fran plus Ghana [Bill]

Structural change - angry Americans on HIV [Bill]

External structural changes - e.g. tobacco [Bill]

Public debate works - just the debate - e.g. test scores in education and Reyes syndrome [Bill]

Not always necessary to carefully craft messages - noise is important as well [Bill]

Local action - locally driven - e.g. Tanzania [Bill]

Profiles [BOB] approach worked in many environments - [AED]

Media coverage of data leads to behavior change [AED]

Building social capital through - as part of - communication is important

Building coalitions works - [Measure]

Accurate useful material work - [Measure]

[nb - these and presentations from some others are assertions rather than backed by data - I stand to be corrected]

Do not rely on messages as it is the interpretation of those messages in local contexts that really matters and those interpretations can be very different depending on the context [Stan]

Strategic communication works - 12 elements [Oying]

Examples from Bolivia, Tanzania, Nepal

Local ownership is crucial and work - e.g. Bolivia ReproSalud [Oying]

Ideational factors are vital and work - e.g. Tanzania - Green Star - with 6 factors [Oying]

"exposure" with both clients and providers works best - Nepal - Radio Communication [Oying]

Combination of factors is necessary [Oying]

Holistic approach necessary and works [Reed]

Highlight local communication patterns - e.g. audio cassettes with established communication for a – e.g., the "lady" chat groups - for maximum effect - Pakistan [Reed]

Networks - use of social networks - Mexico [Reed]

Computer based training - interpersonal with much larger effect - strengthening health workers [Donna]

New technologies for training work better than paper based approaches - [Donna]

Precision [Marcia]

Negotiated change [Marcia]

Targeted messages [Marcia]

Group discussion [Marcia]

What maybe did not work so well

Bias is against reporting failure [Nancy]

[English language search criteria [Scott] ]

Challenges

Transfer of skills and long term sustainability rarely addressed [Scott]

Comparability and value across cultures and contexts

Social Change - how to better focus at this level effectively

Relationship between the communication interventions and other interventions - - ho  
comparative and compound value

All behavior is under environmental pressure

Stop the fight between the various fields in communication [Bill]

Unintended consequences...unintended effects [check] [Susan]

Getting the determinant right - critical to success [Susan]

Focus on skills developed through communication - important [AED]

What programs have worked - describing them is a challenge as editors take out the descriptions  
- [Phyllis]

Gender/household differences [Stan]

Innovations

Theory

Diffusion/Participatory framework?

Lit Review - comparatively low number worked from a theoretical base [Scott]

Lit review - most theories behavioral or social cognitive [Scott]

Mostly western - primarily USA - models [Scott]

Emergence of ideation theory - theories based on the spread of ideas rather than specific changes in behavior [Phyllis]

What do we measure - what gives best insight into 'effectiveness'

Diffusion = KAPB

Participatory = levels of engagement/involvement/equity/empowerment?

But in practice not such a clear distinction - much overlap/synergy - e.g. participatory focus on knowledge transfer - though little crossover in evaluation - much more in operation of the programs [Nancy]

[But Health/HIV/Pop/Nutrition outcomes?]

The methodologies used - qualitative v. quantitative [Nancy]

Definitional issues - e.g. what is participation? And therefore how do you measure it [Nancy]

Standardization does not exist - from reported outcomes to methods - makes both value and comparison assessments very difficult [Nancy]

Most often cite Knowledge, Attitude, Practice, Behavior [Scott]

Debates and 'Arguments'

[Is diffusion/participatory the only paradigm - what about other constructs - e.g. social movements?]

Do we use the right approaches now? -What about, for example, social approach

How to incorporate or use as the basis for policy and programming - non-western perspectives/theories

Distinguish between marketing and communication

Ideas

Emergency Peer Review Board

## General Themes

\*\*\*\*\*

With an eye to the kind of direction and issues the new design might want to incorporate

\*\*\*\*\*

Standardization - from research to operational definitions

Effectiveness - including value added and comparative advantages - how to "spot"

Culture - crucial to understand/be part of local context and culture

Value for Money\_from USAID perspective - what has been contributed given USAID's 'large' [Joy and Margaret] investment in this area

Interpersonal/Mass Communication inter-relationship - not separate

Need a new approach/theoretical construct? Do we? Not sure about consensus here - some seem to say apply what we know better and others seem to appeal for a different approach - e.g. non-western theories, ideation

Size of the knowledge base? Small?

Comparability - do experiences and results from Ghana matter in Brazil

Extrapolating from individual initiatives to new design approaches - and perhaps theoretical constructs

Noise and Debate vs. Planned and Crafted messages

Science vs. Creativity

Social Capital/Sustainability

Focus in use of resources on written materials - many quoted by presenters

The value of the process indicators/measures - e.g. numbers of materials distributed, news coverage that resulted, numbers of people reporting use of materials in some form?

Advocacy for our profession and our way of doing what we 'know' is both right and a valuable investment - making the case better.

Learning more closely from some of the major 'movements' that have taken place - e.g. the family planning changes through that movement

Seeing the big picture - e.g. the difference on seat belts between the specific studies - campaigns failed and the overall change over a long period - many more people now wear a seat belt



Long term, long term, long term

New Technologies - how best to harness - still learning - do not give up - early days

Capturing and communicating the richness of what we do - need to do a better job

Focus on the dynamics of knowledge in action - which is very different from one or two way communication patterns [Stan]

Have we underestimated communication effect?

Distinct trend in thinking/action towards the social side of the equation - networks, ideation, debate, local ownership, chat, norm, use of 'social change' phrase - etc

Strategic, Strategic, Strategic - individual, isolated initiatives do not work - need to avoid

Quality - essential - need to be quality indicators for every stage of the process

Complex - because all sorts of thing that come into play related to the decisions that need to be made - context is important - plus now need to design programs in contexts that are undergoing rapid change

Culture specific - take any situation and what is required - will be different

What works over what time period?

Role of USAID - can not keep funding - and yet everyone says you need continuity over a long time - so need a much longer time frame - means other supports and program approaches

A culture where health is part of the culture - does not come from as dependence on external funding

Culture of Health

Skill transfer rather than product development

Who is contracted to do the work? Need a policy that there are locally based NGOs etc working through local conditions

Restrict the percentage of the PHN USAID resources allocated to be spent within DC/Baltimore/Boston etc

Address the core issues - the fundamentals - rights, management by whom, open dialogue on sexuality, gender equity

Promote/support policy dialogue

# Global Population, Health and Nutrition Communication: A Review of the Literature

## **A Preliminary Report**

**December 14, 2000**

prepared by

**Lisa Mueller, M.A.**

**Amy Oggel**

**Scott Ratzan, MD, MPA**





# Background

- USAID has a 30 year history of supporting communication and behavior change initiatives
- USAID will be embarking on a new phase of communication programming in G/PHN
- Evidence-based technical excellence is a guiding program principle of the Office of Population



# Objectives

- Create bibliography of published literature in global health communication since 1990
- Develop evidence base for communication in Global/PHN
- Identify trends in communication programs
- Assess impact of communication intervention



# Search Criteria

- 1990 - 2000; English language
- Searched Medline, Popline, USAID's database, ERIC, INAPS, and relevant DIALOG files
- Cross-referenced related bibliographies
- Articles were non-U.S. populations



# Key Words in Search

- population
- family planning
- nutrition
- health
- communication media
- communication programs
- health education
- nutrition education
- population education
- consumer participation
- communication mass media



Over 5000 titles and abstracts!

**Excluded US populations**

**Eliminated extraneous articles  
without communication**

**Eliminated editorials,  
newsletters and unpublished  
literature**

***283Articles***



# Inclusion Criteria in Bibliography

- Article was more than descriptive or polemic
- Empirical study
- Communication was integral in the study/program design
- Offered information for potential reliability and validity checks





# Evidence base for impact

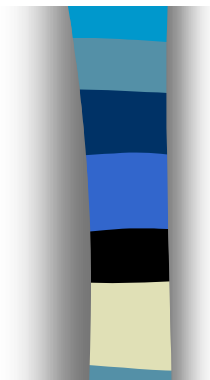
**283** articles were considered

**93** met the criteria for an evidence based study (the matrix)

**69** were in developing countries

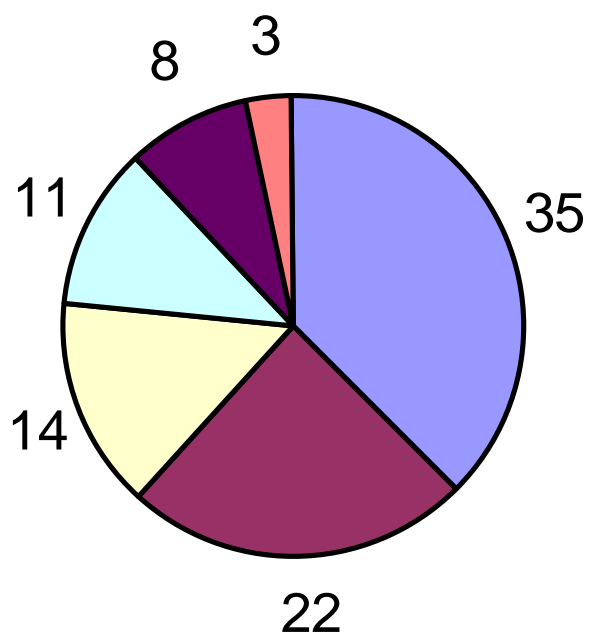
**59** of those claimed impact

**32** non-USAID, **27** USAID



# Topics

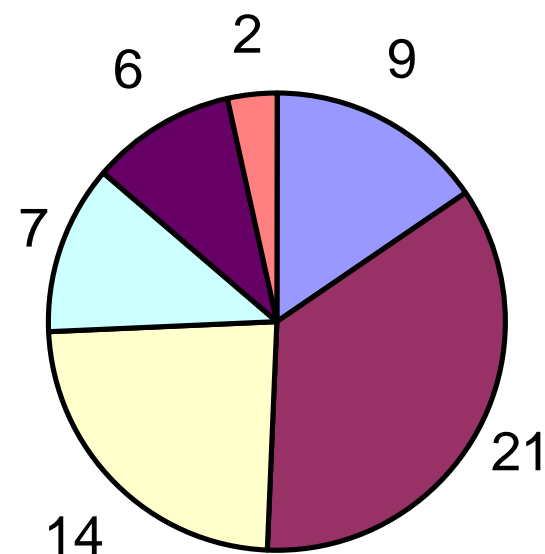
**Matrix Articles**



**N=93**

- HIV/AIDS
- FP /RH
- Breastfeeding
- Child health
- Nutrition
- Other health

**Articles w/Impact**



**N=59**





## Articles with Impact

- 47% (n=27) of the impact articles were USAID publications
- 100% (n=14) of Breast feeding and 95% (n=21) FP/RH articles demonstrated impact
- 26% (n=9) of the HIV/AIDS articles had impact data



# Target Audience

- Varied widely
- Men and women of reproductive age were the most commonly cited audience
- Others: pregnant women, mothers, health workers, men, married women, etc.



# Indicators

- Lots of variation
- Most often cited: Knowledge, attitudes, and practices
- Also frequent: Behavior, exposure, and awareness



# Theory

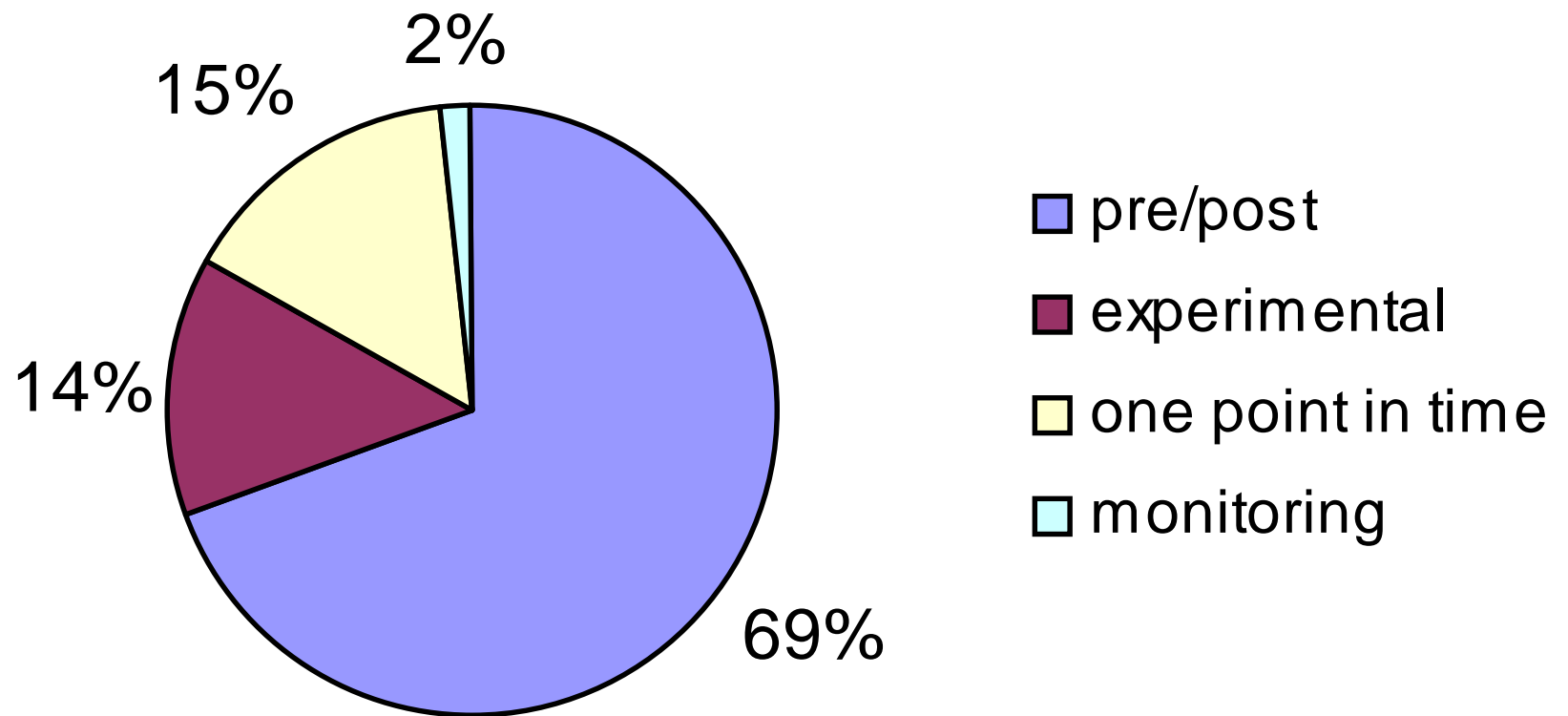
- Most articles were descriptive of research methodology without a theory base (e.g. medical/scientific model)
- In the 22% that identified theory (n=20), social cognitive and behavioral models predominate
- Within the impact articles, 16% (n=9) had a theoretical base, only one was based on a participatory theory



# Communication Mix

- 86% of the studies in matrix used radio
- 56% used a form of print media (billboards, pamphlets, newspaper, posters, etc.)
- 46% used TV
- Others mentioned often: interpersonal communication, audio cassettes, training

# Study Designs/Methods







# Impact

- Of those that claimed impact (59):
  - 40% could show attributability to the campaign
  - 31% could show partial attributability
  - 29% could not show change was attributable to campaign or did not discuss it in the article at all



# Limitations

- Impact has no common denominator
  - Hence, behavior change variable
- No way to gauge quality of communication intervention
- Study only presents published literature in English
- Indicators differ by study design, population, and program objective



## Other Limitations

- Difficult to identify use of new information technologies/media
  - telehealth and telemedicine is next cyber-frontier with limited publication in non-US populations (of 6700 Pubmed articles, 0.002% or 12 had evidence of application of IT for health in developing countries).
- Sustainability difficult to gauge with sampling frame



# Findings

## ■ Great variation in studies

- channel selection is situational
  - depends on timing, topic, content, availability and context
  - interpersonal component of the right people (e.g. social networks) increase impact
- time frame of study/intervention varied from months to years



# Findings

- Research and theory-based projects demonstrated impact
  - methodological soundness is a goal
  - formative research identified as valuable
  - most theory-based were social cognitive and behavioral theory
- The impact of transfer of skills and long-term sustainability were rarely addressed



# Findings

- Systematically planned and implemented communication campaigns have attributed significant change to the media intervention
  - Media intervention acts as the catalyst, or is catalyzed by other activities (e.g. interpersonal communication, services/ product, point/quality of service, etc.)



# Findings

- Theoretical approaches and indicators are inconsistently applied
  - The theory employed was not a predictor of success or behavior change.
  - Many articles had no indications of a theoretical perspective per se, but did report measurable results.
  - The communication indicators were variable and not directly linked by the study design with impact



# Final Questions to consider

- How much do we really know?
- Are we using the right approaches?
- Do we need to develop a “new approach”?
- Should there be quality standards for methodology and reporting?
- Are we examining/measuring the right indicators for impact and success?
- How do we integrate non-Western approaches and perspectives?





# Thank you

- For more information on the bibliography or preliminary review contact:

**Scott Ratzan MD, MPA**

**Senior Technical Adviser**

**USAID**

**G/PHN/POP/CMT**

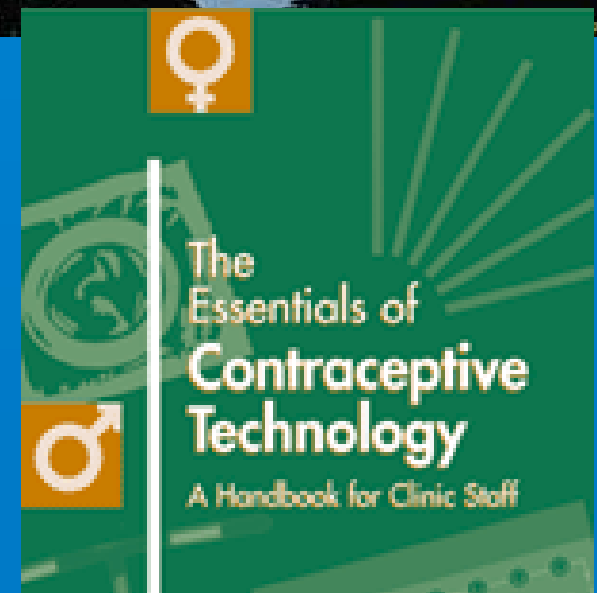
**1300 Pennsylvania Avenue**

**Washington, DC 20523**

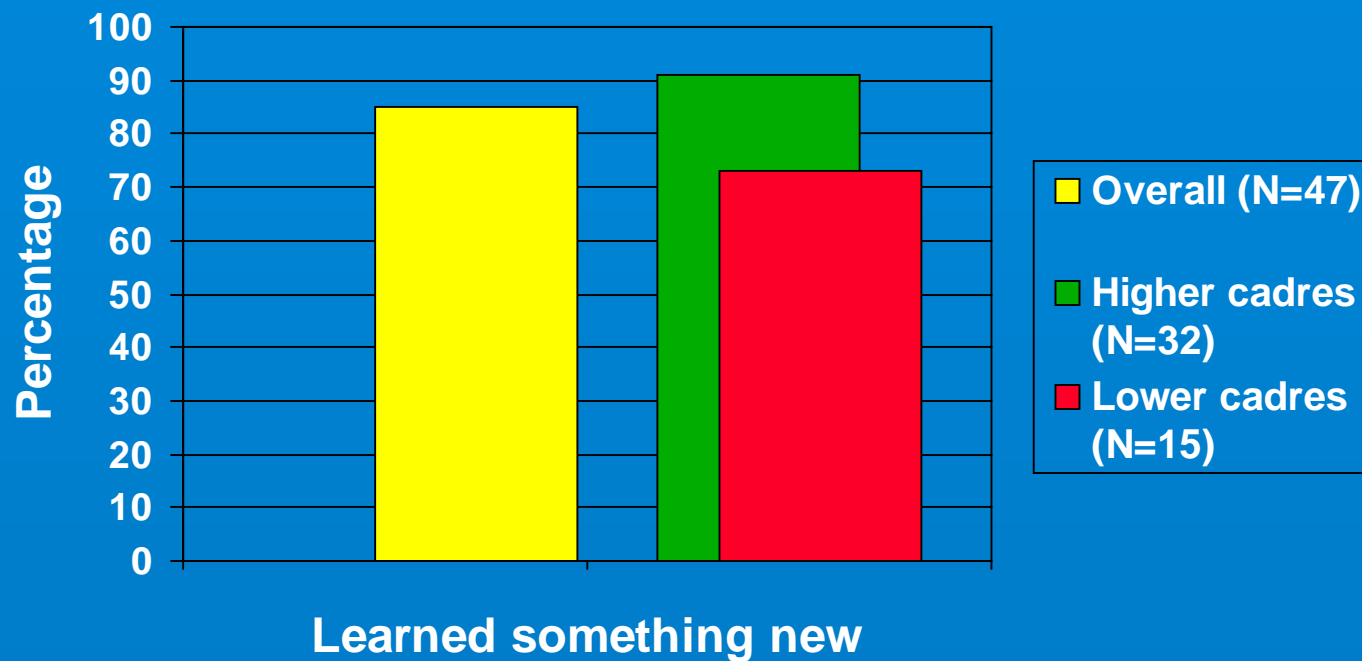
**[sratzan@usaid.gov](mailto:sratzan@usaid.gov)**

# Evaluation of Essentials Handbook & Wall Chart, Tanzania, May-June 2000

- In-depth interviews with front-line providers, managers, trainers
- 46 facilities in 4 regions
- Steps to Behavior Change framework



# New Knowledge from ECT Handbook, Reported by Tanzanian Providers, May-June 2000



Source: Meline, M. and Mosha, E. An Evaluation of The Essentials of Contraceptive Technology and Family Planning Choices Wall Chart in Tanzania, May-June 2000.

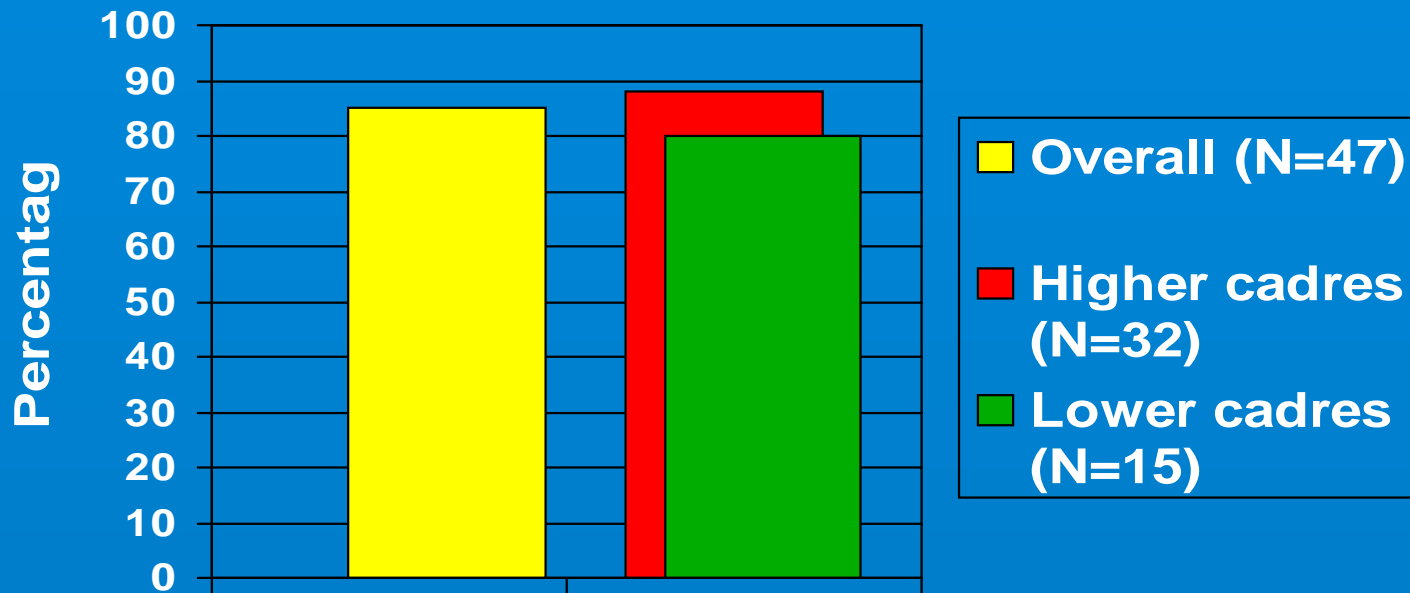
# **Examples of New Knowledge**

## **Reported by Tanzanian Providers, May-June 2000**

- **How to provide EC (6)**
- **New facts from Eligibility Criteria (4)**
- **Insert IUD after delivery (3)**
- **Manage side effects of injectables (3)**

Source: Meline, M. and Mosha, E. An Evaluation of The Essentials of Contraceptive Technology and Family Planning Choices Wall Chart in Tanzania, May-June 2000.

# New Action Attributed to ECT Handbook, As Reported by Tanzanian Providers, May-June 2000



**Do something differently**

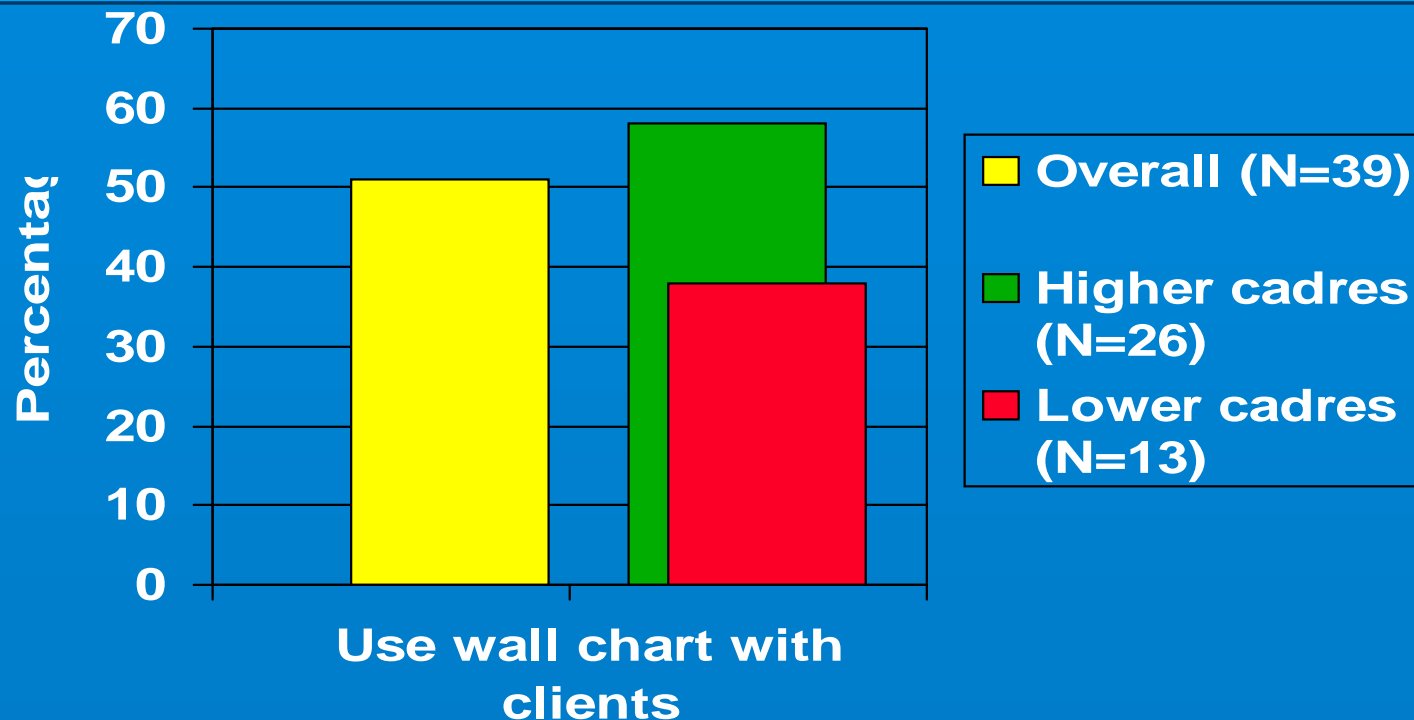
Source: Meline, M. and Mosha, E. An Evaluation of The Essentials of Contraceptive Technology and Family Planning Choices Wall Chart in Tanzania, May-June 2000.

## **Examples of Actions Based on ECT Handbook, Reported by Tanzanian Providers, May-June 2000**

- **Offer “better quality services” (8)**
- **Better counseling on all methods (6)**
- **Feel more confident (6)**
- **Offer more choices thanks to medical eligibility criteria (4)**
- **Better refer clients with complications (3)**
- **Can provide emergency contraception (2)**

Source: Meline, M. and Mosha, E. An Evaluation of The Essentials of Contraceptive Technology and Family Planning Choices Wall Chart in Tanzania, May-June 2000.

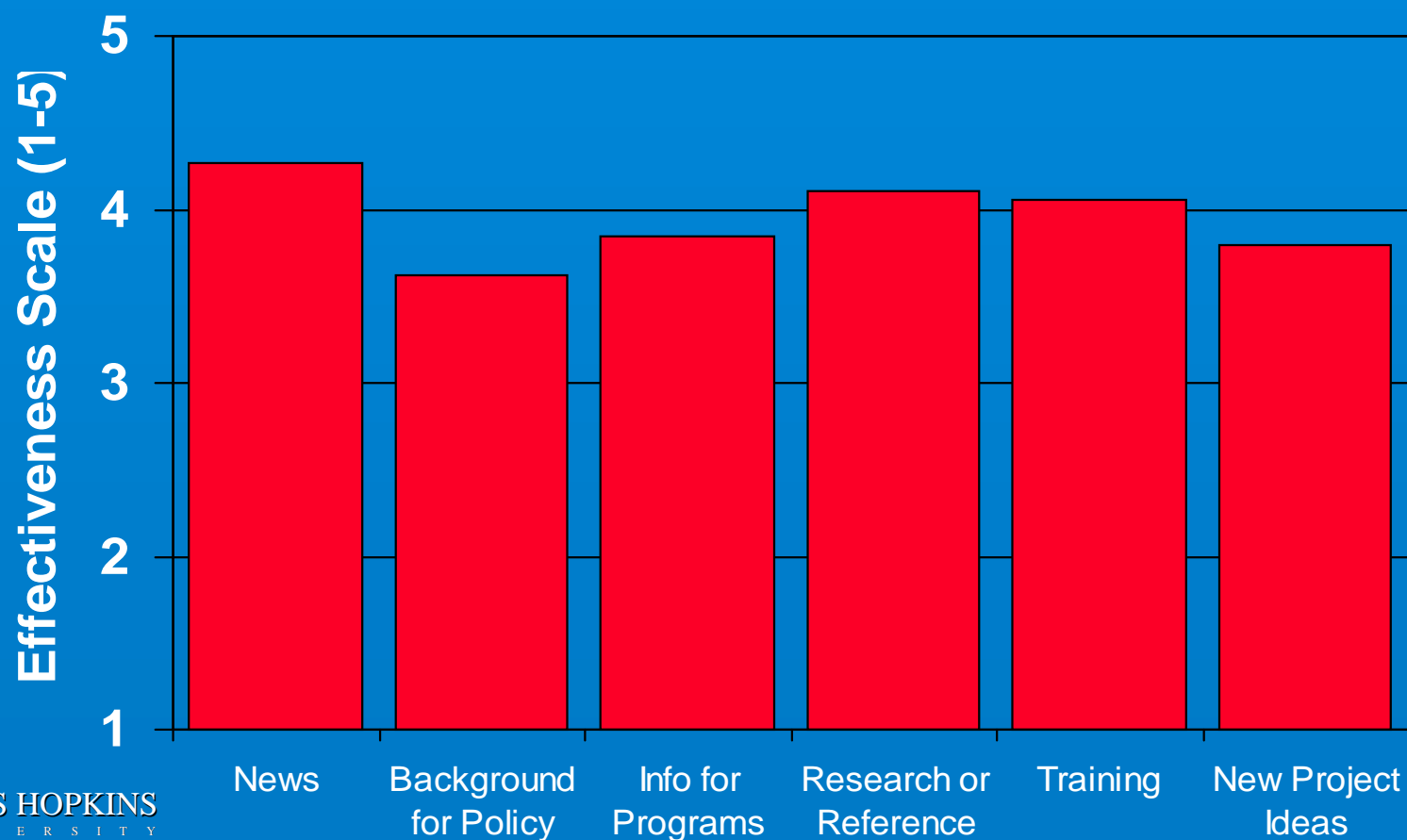
# Wall Chart Used as Communication Aid As Reported by Tanzanian Providers, May-June 2000



Source: Meline, M. and Mosha, E. An Evaluation of The Essentials of Contraceptive Technology and Family Planning Choices Wall Chart in Tanzania, May-June 2000.

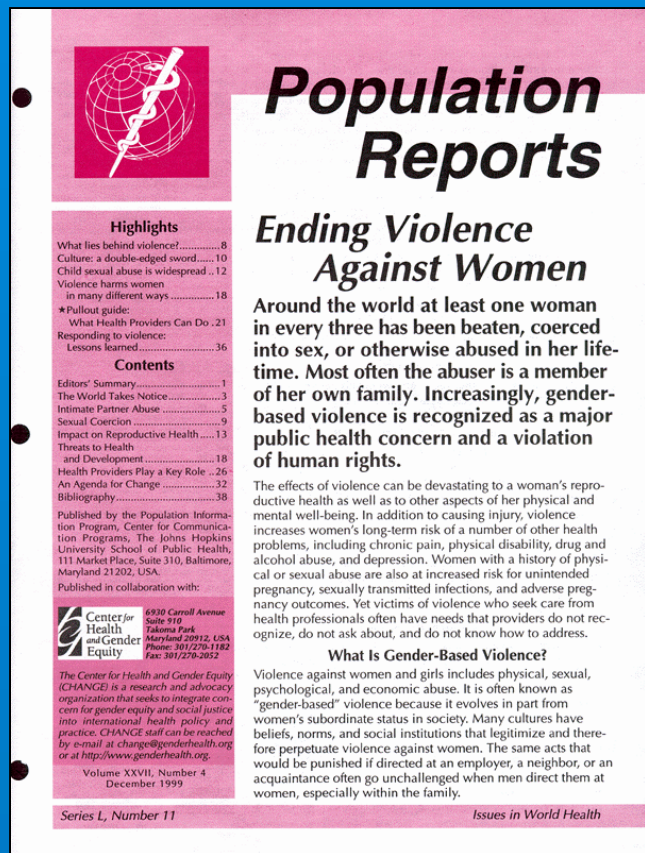
# Comparative Strengths of Population Reports

## Responses from Readers Rolling Survey





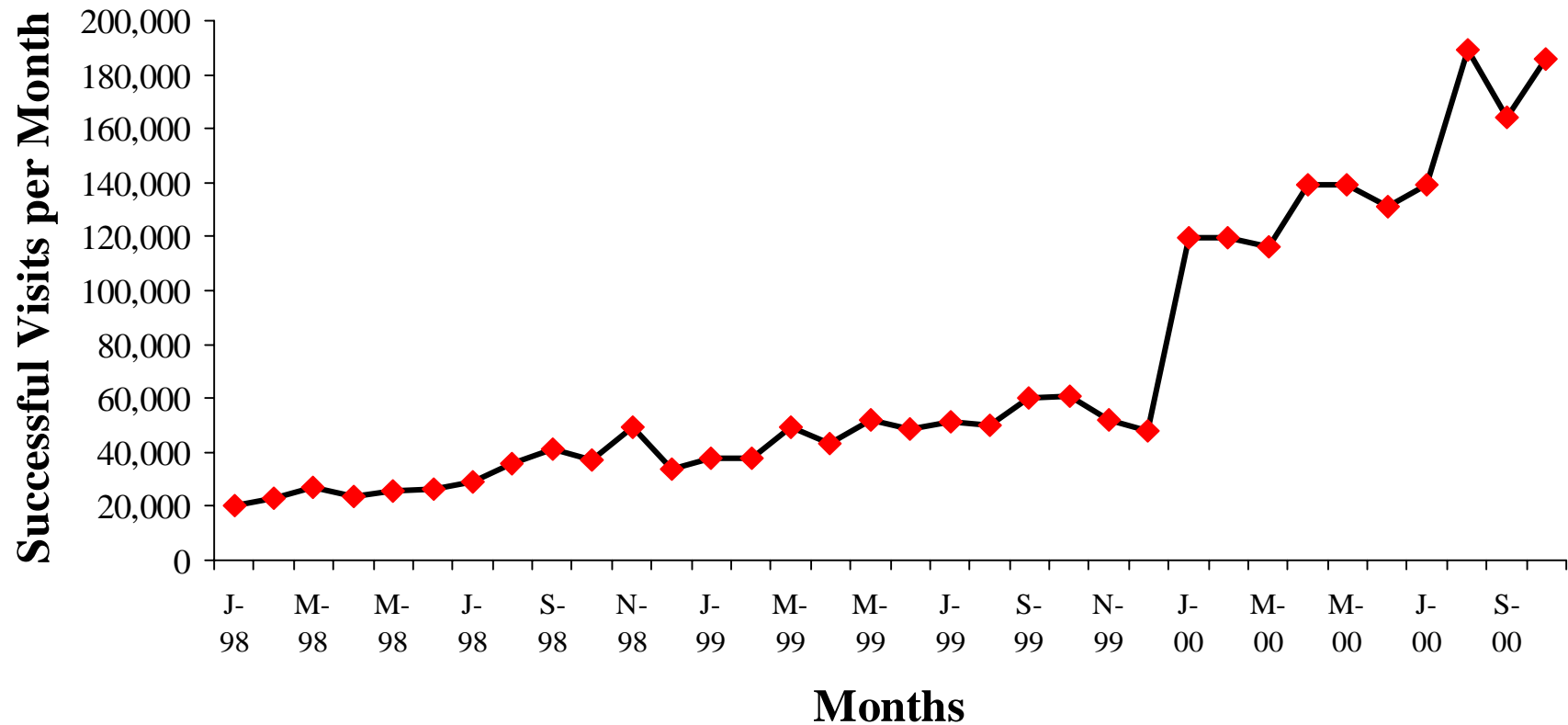
# Vital Topic Draws New Audiences



- **Population Reports** issue *Ending Violence Against Women* published December 1999.
- Press release reaches about 3,000 reporters around the world.
- Known news coverage:  
Wire services 29 (+18 web)  
Other print & web 40 (including 12 web)  
Radio/TV interviews 17, including 6 networks

# Total Number of Successful Visits

## JHU/CCP WWW Site - 1998-2000





# *Strategic Communication Results*



JOHNS HOPKINS  
UNIVERSITY

*Center for Communication Programs*


*The PCS Experience...*

# Strategic Communication Today

***Strategic communication*** means using many different approaches and tools to achieve desired healthy behaviors.



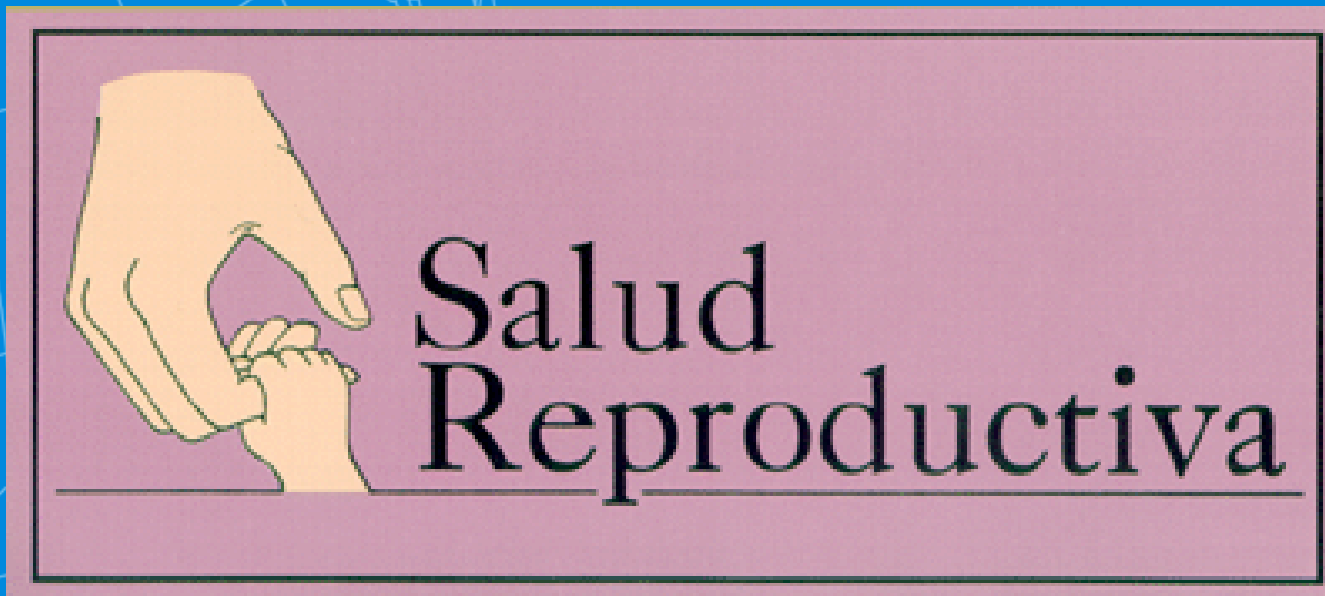
# 12 Elements of Strategic Communication



**Science-based**  
**Client-centered**  
**Benefit-oriented**  
**Service-linked**  
**Participatory**  
**Multi-channelled**

**Technically high quality**  
**Advocacy-related**  
**Expanding to scale**  
**Programmatically  
sustainable**  
**Results-oriented**  
**Cost-effective**

# Strategic Communication: Bolivia



*Reproductive Health is in Your Hands*

JOHNS HOPKINS  
UNIVERSITY

*Center for Communication Programs*

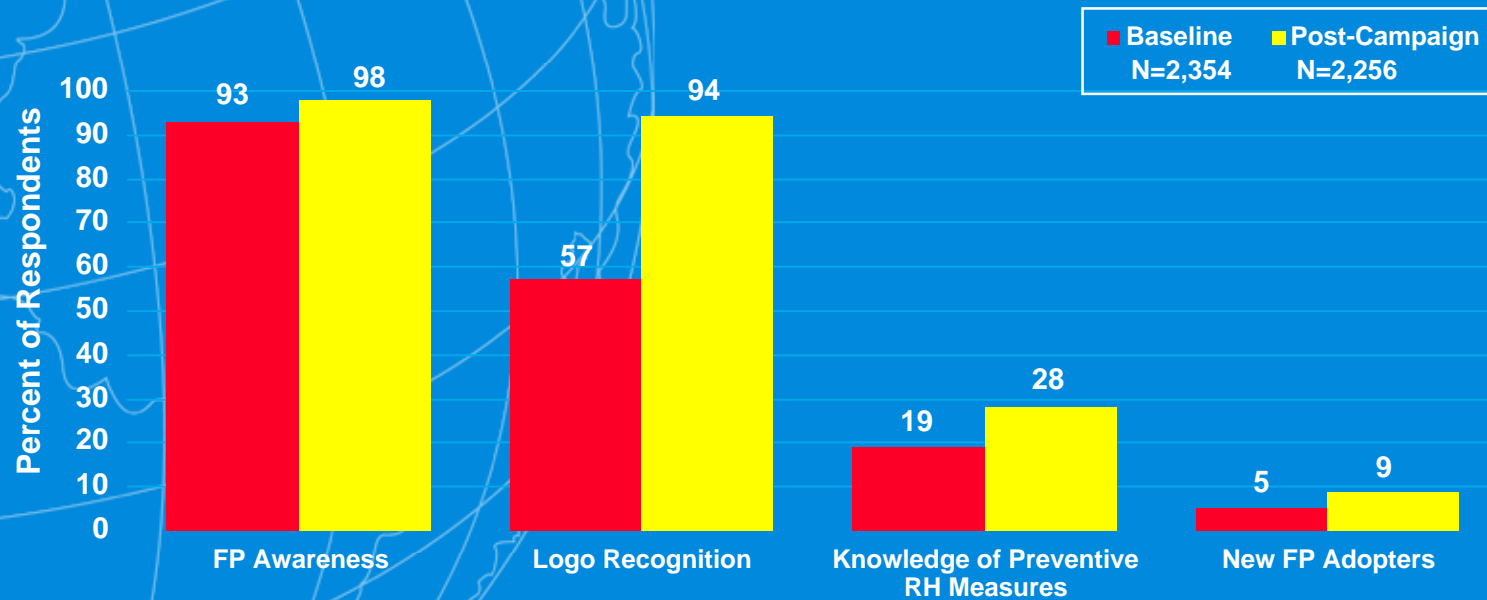
# Strategic Communication: Bolivia

## Bolivia: LAS MANITOS National Communication Strategy (1992-2000)

- **National RH campaigns**
- **Integrated RH messages:** abortion prevention, prenatal, safe delivery, breast feeding, FP, STDs, modern methods
- **Multiple communication channels:** TV, IPC, radio, print, press, community-based
- **Scale Up:** 3 city campaign, national campaign, Rural Strategy-Lilac Tent

# Strategic Communication: Bolivia

## Results in % Changes in Knowledge and Behavior\*



Campaign Effect

\*Percentages significant at  $p < 0.01$

JOHNS HOPKINS  
UNIVERSITY

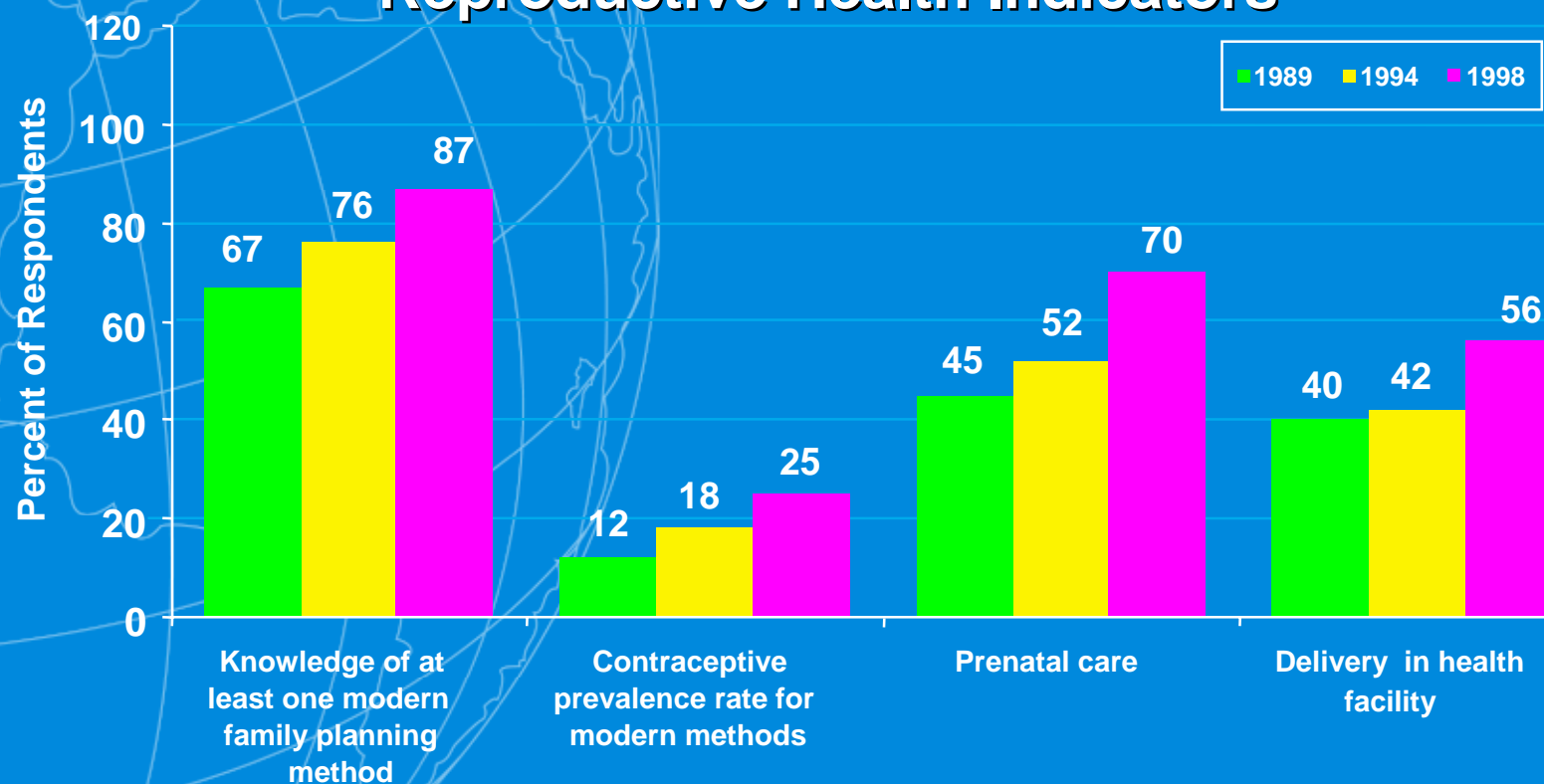
Center for Communication Programs

Source: JHU/CCP, 1994



# Strategic Communication: Bolivia

## Reproductive Health Indicators\*



Campaign Effect

\*Percentages significant at  $p < 0.01$

Source: DHS

# Strategic Communication: Bolivia

## Bolivia: LAS MANITOS Lessons Learned

### 1) Local ownership

- 40 private/public institutions engaged in nation-wide effort
- President and Vice President Lead as Outspoken advocates

### 2) Repositioning FP to RH achieved broader goals

### 3) Multiple media have greater impact

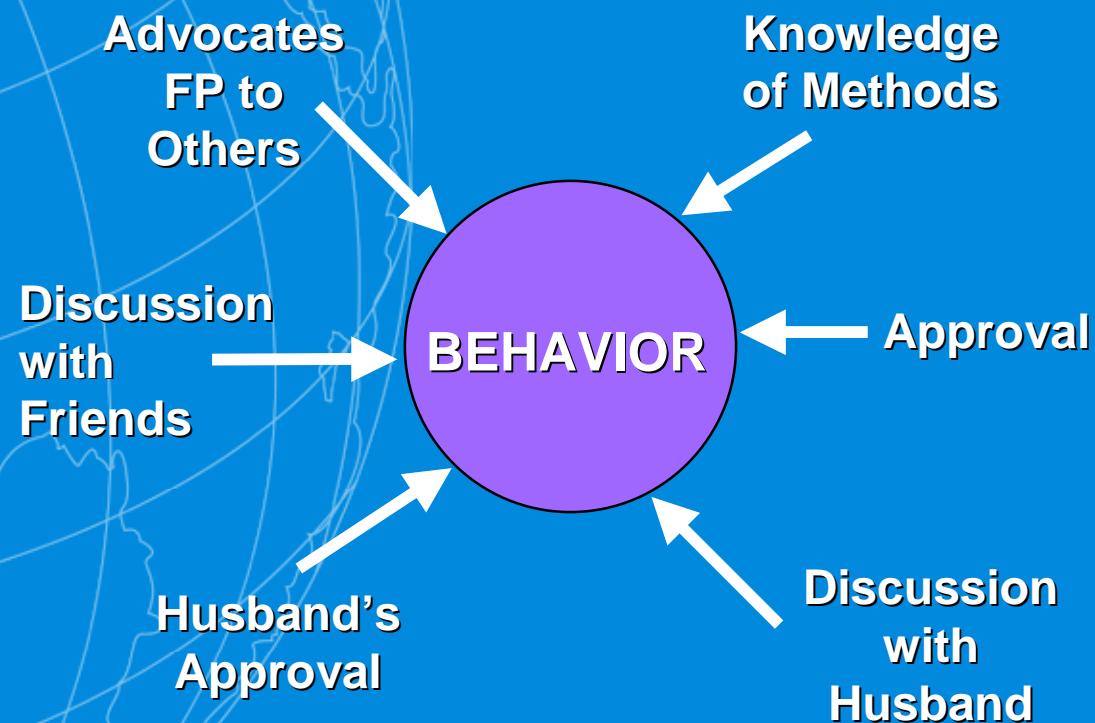


# Strategic Communication: Tanzania

## Green Star Communication Program



# Strategic Communication and Behavior Change

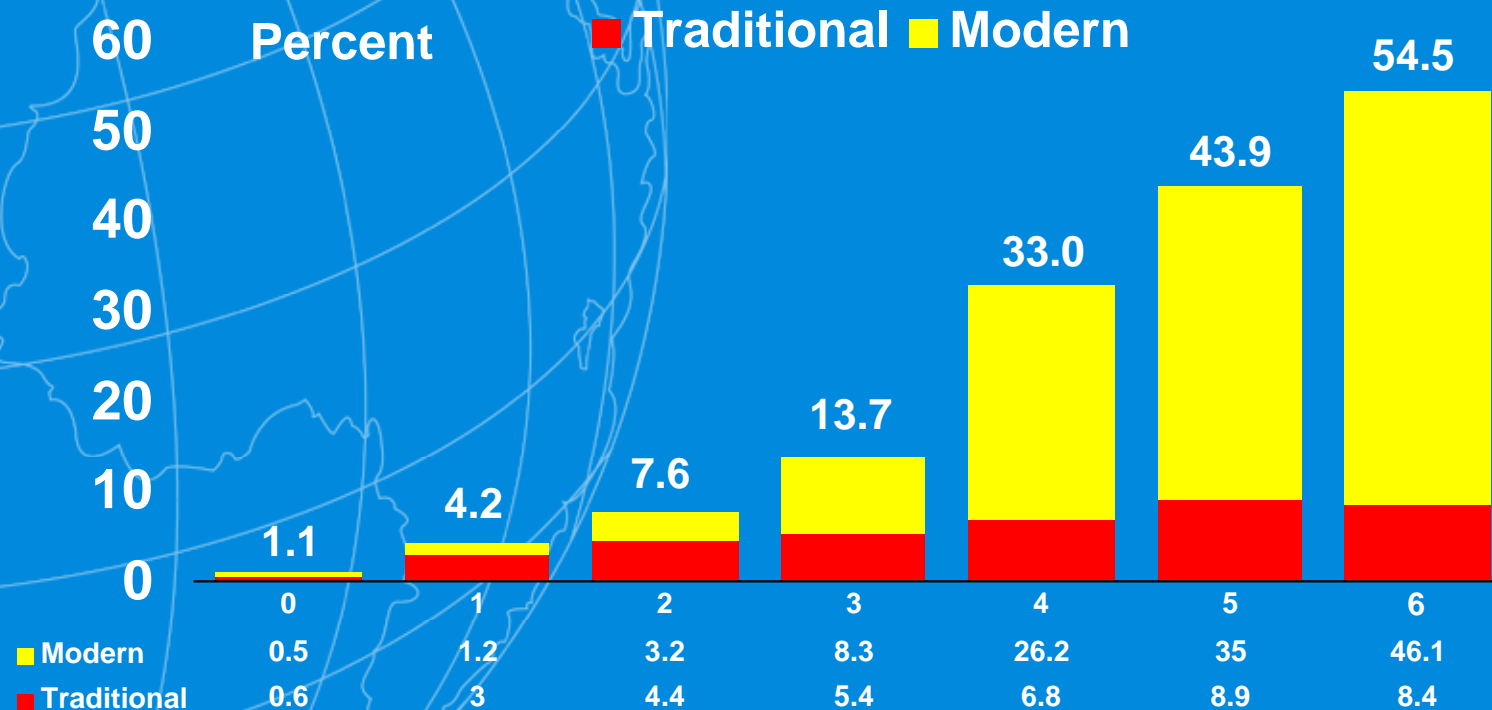


## **IDEATION: Measures Used in the 1996 DHS Survey of Tanzania**

- 1. No. of modern FP methods known**
- 2. Respondent's approval of FP**
- 3. Discussion of FP with husband**
- 4. Husband's approval of FP practice**
- 5. Talks about FP with friends**
- 6. Advocates FP to others**

# Strategic Communication: Tanzania

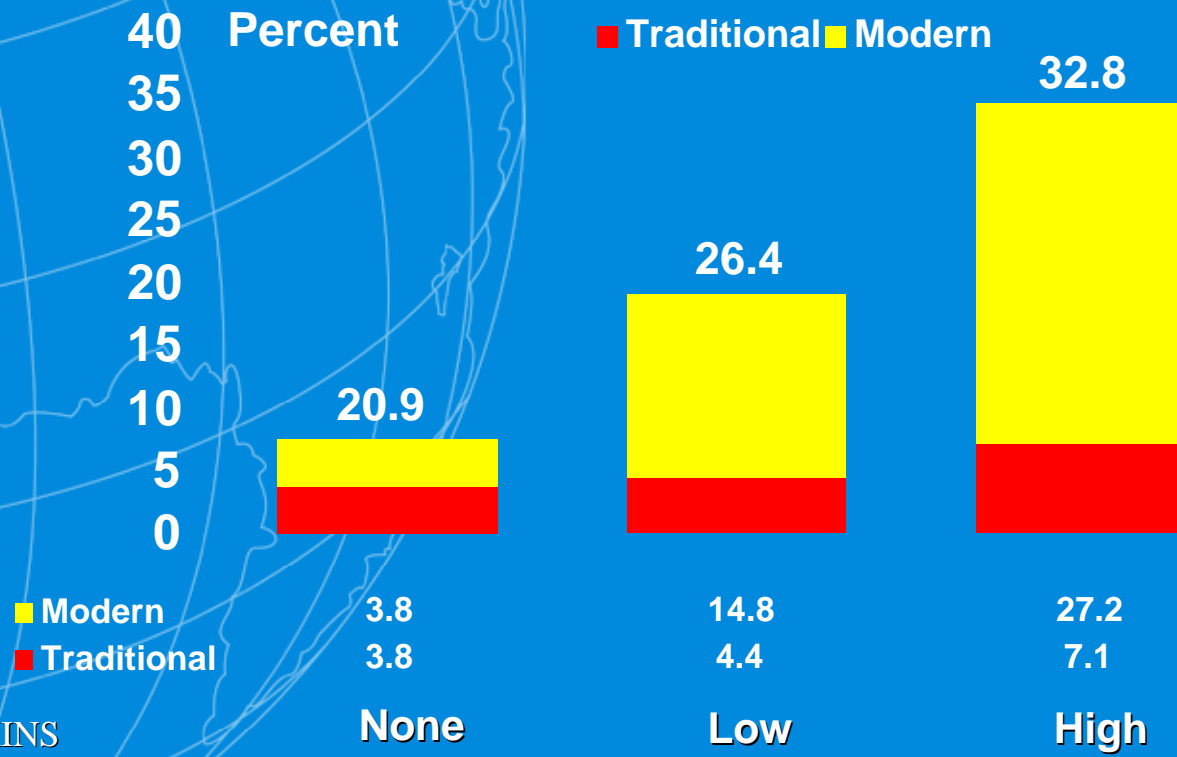
Level of Contraceptive Prevalence in Tanzania  
by the Number of Ideational Elements that Apply



N = 5,401 married women  
Chi2= ; p<.001

# Strategic Communication: Tanzania

## Contraceptive prevalence in Tanzania by level of recall of the Green Star Campaign



N = 5,404  
p < .001



# Strategic Communication: Tanzania

## Tanzania: Lessons Learned

- 1) Theory-based measures of ideation can track behavior change
- 2) Good theory explains reasons for change as well as documents impact and is applicable to many programs



# Strategic Communication: Nepal



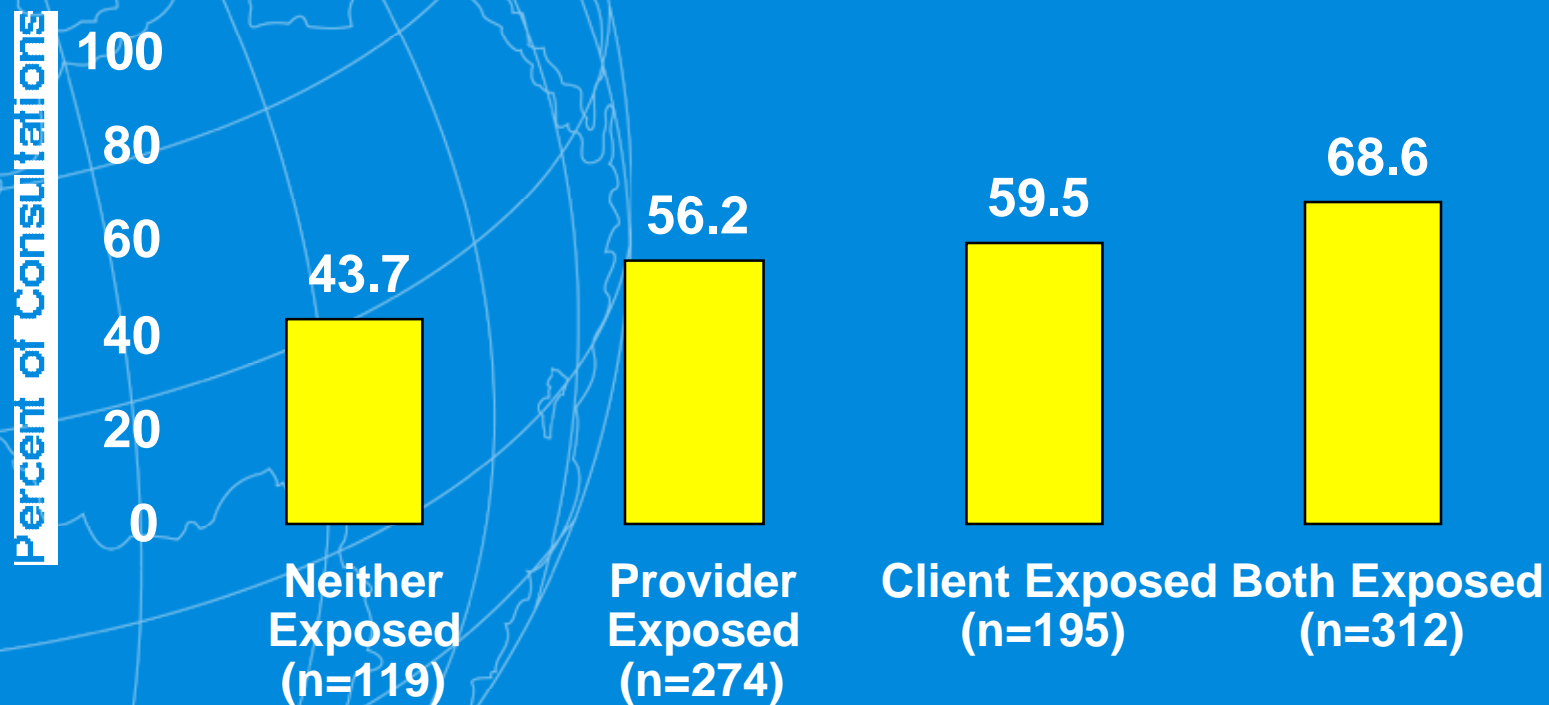
# Nepal Radio Communication Project 1994-2000

**Objective:** Address the high level of unmet need for FP

**Approach:** Two enter-educate-based radio serials

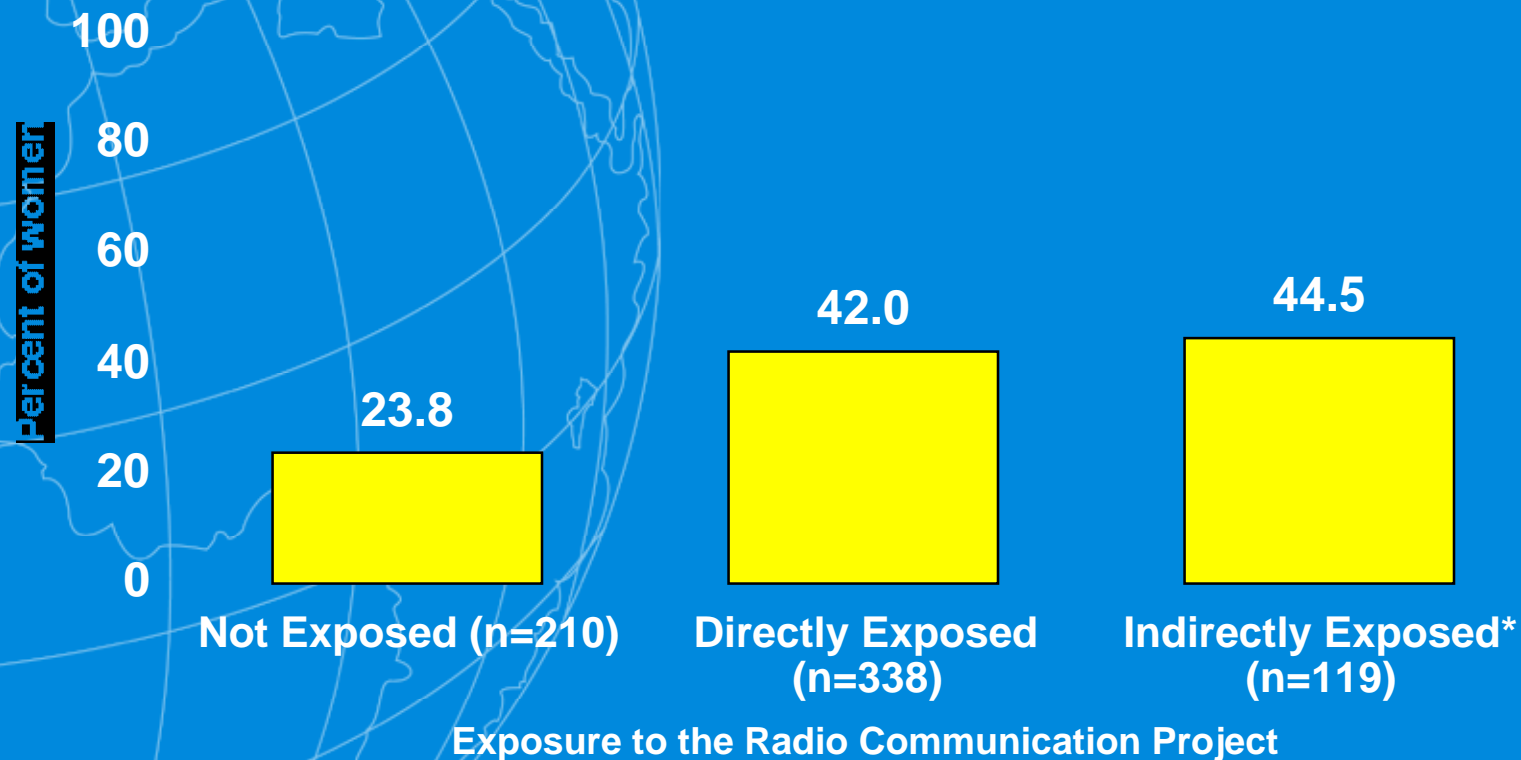
- Drama Serial intended for clients
  - model men and women actively seeking better health care
  - promote spousal communication about FP
- Distance Education program intended for providers
  - model effective two-way interpersonal communication between provider and clients
- Radio spots, poster, flipcharts
- Community listening groups

## Percent of consultations with improved provider communication\*, by type of exposure to the radio campaign, Nepal 1999



\*A high level of improved provider communication refers to those consultations during which more than the median number of provider facilitative behaviors were observed.  
P>0.05 or better

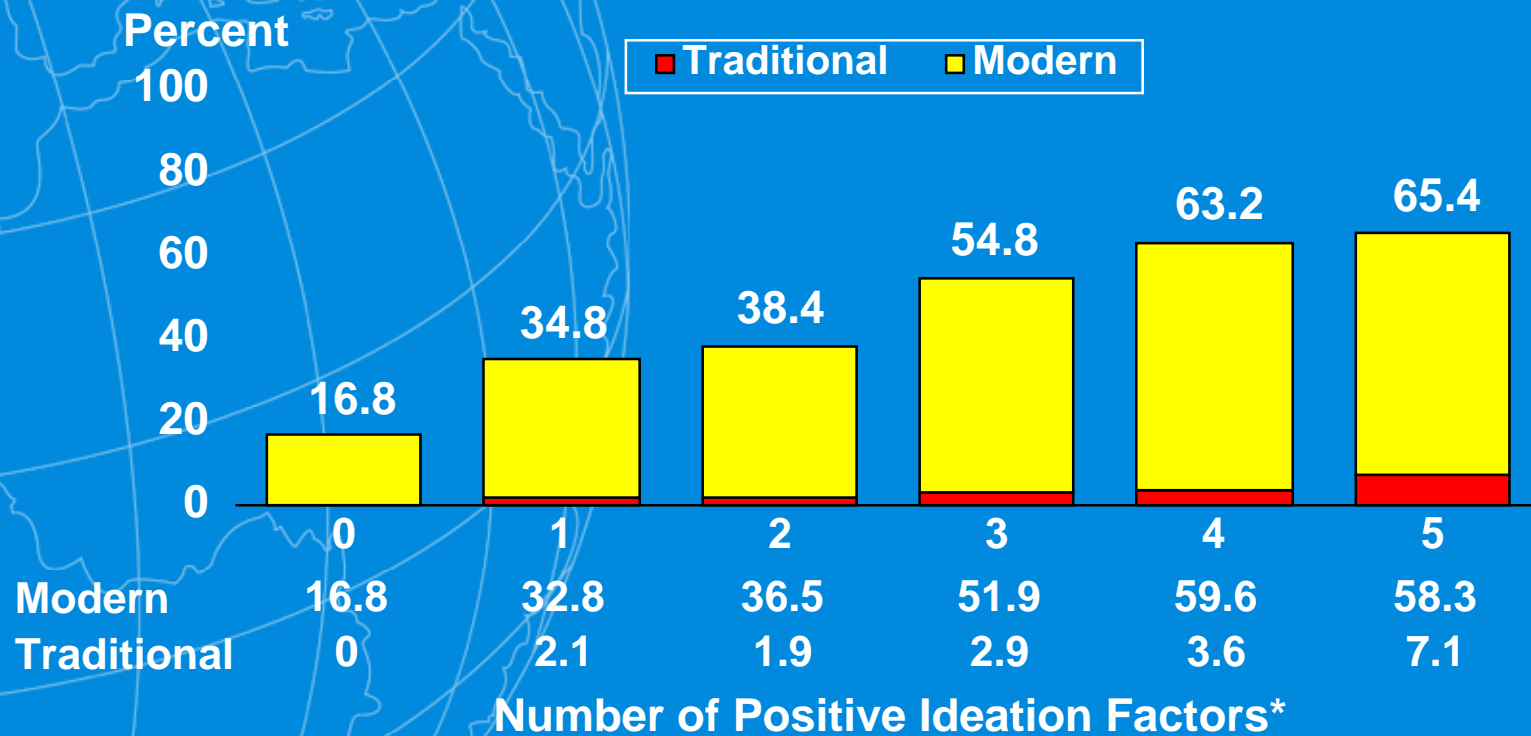
## Percent of women using a modern FP method, by type of exposure to the RCP, Nepal 1997



$\chi^2 p < 0.001$

\*Indirect exposure refers to those women who had not heard the radio program themselves, but had discussed FP with a woman who had listened to the program.

# Level of Contraceptive Prevalence in Nepal by the Number of Ideational Elements that Apply



NOTE: N=3151; Chi-square = 225.84,  $p < 0.001$

\*Ideation factors include: knowledge of 7 modern methods, discussed FP with spouse, positive attitudes towards FP, perception that a majority of people in community use FP, and peer discussions about FP

# Strategic Communication: Nepal

## Nepal: Lessons Learned

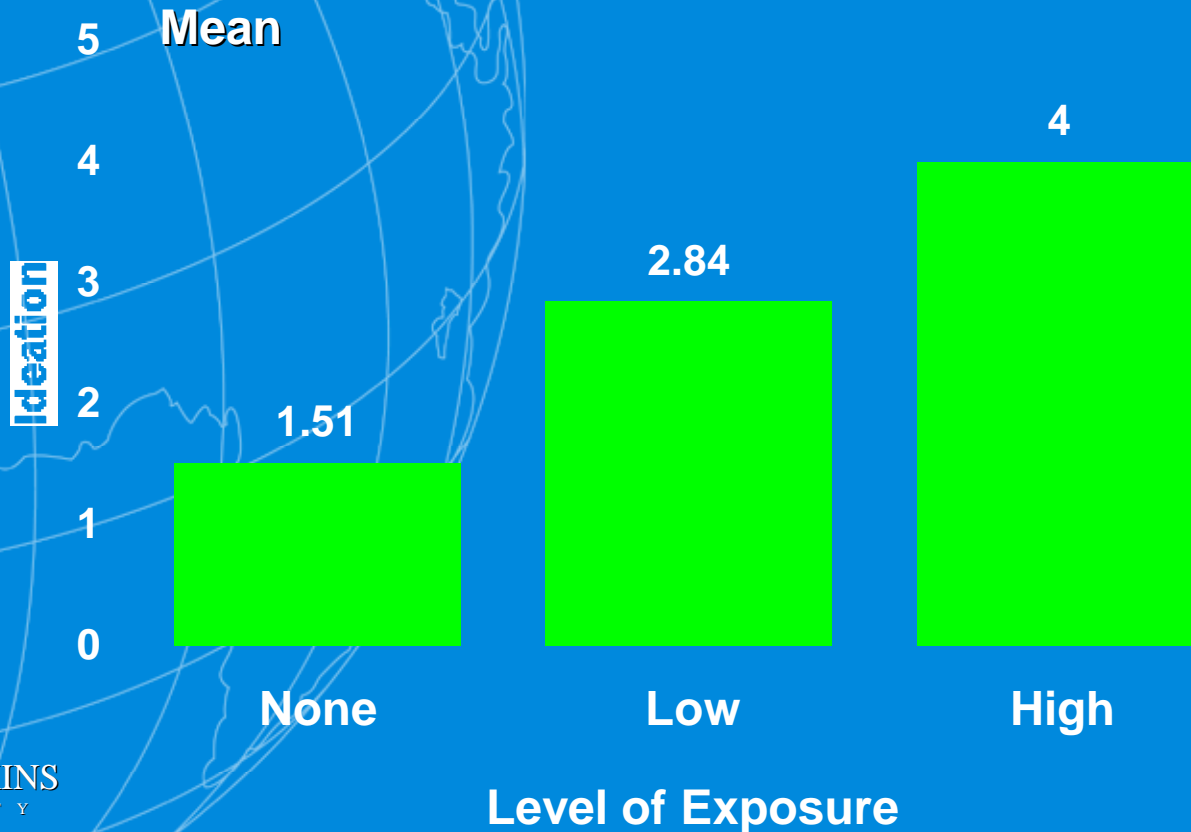
- 1) Address both supply (provider) and demand (client expectations)
- 2) Create synergy between drama serial for clients and distance education for providers





# Strategic Communication: Tanzania

Level of ideation in Tanzania by level of recall of the Green Star Communication Campaign





# Strategic Communication and Behavior Change



# The Futures Group International

- Uses a holistic approach to generate change
- Employs a combination of diffusion, participatory and social marketing frameworks
- Examples
  - Pakistan—Key Social Marketing Program
  - Mexico—Policy Project

Diffusion/Participatory Framework

# Key Audiocassettes in Pakistan

- Objective

- Increase hormonal contraceptive use in Pakistan by allaying fears of side effects and medical danger

- Strategy

- Use audiocassettes to provide in-depth information on hormonals to low-literate audience

# Combination of Diffusion and Participation

- Diffusion approach
  - Mass distribution achieved through pharmacies (indirect, “cool” channel)
- Participatory approach
  - Lady Health Volunteer (LHV) chat groups (direct “hot” channel)

# Contraceptive Use Outcomes

- 42% increase in contraceptive use among couples who obtained the tape from an LHV
- 21% increase in contraceptive use among couples who bought tape from a pharmacy
- “By providing accurate information to urban couples and by acquiring a critical mass of satisfied users to catalyze change, the KEY cassette may have a substantial medium to long term effect on contraceptive use.”

# Participatory Framework Formation of Networks/ Coalitions in Mexico

- Objective

- Improve the policy environment and funding available for HIV/AIDS services in Mexico

- Strategy

- Formation of multisectoral citizen planning groups

# Participatory Outcomes

- Improved collaboration with government and other organizations
- Increased capacity in planning, communication and advocacy
- Group empowerment
- Measurement: qualitative (key informant interviews)



# HIV/AIDS Outcomes


- Mobilized funds from multiple sources to conduct the groups' activities
- Prepared state-level strategic plans endorsed by state government agencies
- Obtained new or increased line item in budget for HIV/AIDS programs



# HIV/AIDS Outcomes

- Succeeded in getting government to perform desired actions as a result of groups' advocacy
  - Establishment of a laboratory for HIV/AIDS testing and counseling
  - Funding for a resource and reference center for HIV/AIDS
- Measurement: organizational reports, government budgets

# Communication for Behavior Change



The Manoff Group

# Projects



- Nutrition Communication and Behavior Change Component of Indonesian Nutrition Development Program (1979-1981)
- Applied Nutrition Program (ANEP) in Dominican Republic (1983-1986)
- Weaning Project in East Java and West Nusa Tenggara, Indonesia (1985-1989)
- Integrated Child Health Care (AIN) in Central America (ongoing)

# Basic Intervention Package



- *Targeted messages* based on age, growth pattern, and health status to promote appropriate, improved practices
- Individual counseling focused on small improvements in practices
- Group discussions
- Radio (in 2 of 3)

# Nutrition Communication and Behavior Change Component of INDP



- Project villages significantly better than matched control villages in:
  - mothers' participation and nutrition knowledge
  - mothers' and children's consumption of key foods
  - dietary intake of calories and protein
  - rates of moderate to severe malnutrition among children
  - mean weights of infants 17-24 months of age (0.5 SD difference)

# Applied Nutrition Program (ANEP) in the Dominican Republic



- 43.4% reduction in rate of moderate and severe malnutrition
  - 33% for children enrolled for one year
  - 44% for children enrolled for two years
  - 60.5% for children enrolled for three years
- ANEP communities had 37.8% less moderate to severe malnutrition than matched communities

# Weaning Project in Indonesia



- Significant improvements in:
  - mothers' and volunteers' knowledge of child feeding practices
  - mothers' child feeding practices (esp. breastfeeding, introduction of complementary foods, and appropriate mixed weaning foods)
  - children's caloric intake
  - nutritional status
- Changes were greatest for mothers with higher exposure and recall of materials/messages

# Social Marketing of Vitamin A in West Sumatra



Government and HKI with  
USAID funding

1985-1989



# Role of Communication for Behavior Change



- Promotion of increased consumption of specific dark green leafy vegetable and vitamin A-rich fruits via:
  - counseling
  - radio
  - market promotion
  - schools

# Measured Impact



- Daily consumption of DGLVs increased:
  - 19% to 32% among pregnant mothers
  - 14% to 33% among nursing mothers
  - 10% to 21% among 5-12 month olds
  - 17% to 27% among 13-60 month olds
- Even greater improvements in key knowledge and attitudes

# Indramayu Anemia Project in Central Java



Government and University of  
Indonesia Center for Child Survival  
with USAID funding

1991-1992

# Role of Communication for Behavior Change



- Interpersonal communication based on formative research and supported by:
  - posters, banners, leaflets
  - action cards
  - counseling cards
  - stickers
- Local radio broadcasts
- Increased iron pill supply in facilities
- Monthly health days
- New pill distribution system to pregnant women via TBAs

# Measured Impact



- Average number of tablets taken during pregnancy increased significantly (by 4.5 tablets/month)
- Much of the increase was among women already taken some tablets

# Conclusions



- To achieve behavior change, one needs a behavior change strategy, not simply a communications strategy

# Conclusions



- Process to achieve impact combines theoretic models
- Universal elements/principles to ensure impact
  - work with local context - participation in defining problem and important themes and actions
  - employ “precision” in implementation
  - allow for individual tailoring